Item 13 See birth cert. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

0	1	9	3	8	
	-	14,00	-	0	

		113.033		CENTIFIC	ALE OF DEATH		
		CEASED-NAME First			Lost	20. DATE OF DEATH	2b. HOUR
		FERR		r s	BBOTT	FEBRUARY I	6, 1969 4:50
	3. SE	MALE	4. RACE CAUCASIAN		S. DATE OF BIRTH NOVEMBER 19	1878 6. AGE (In yeors lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	7a. { cour	IRTHPLACE (State or foreign try) KENTUCKY	75. CITIZEN OF WHAT (OUNTRY?	WIDOWED	DIVORCED	9. COUNTY OF DEATH BALTIMORE	
3	10. 0	FORT HOWARD	11. NAME OF HOSPITAL OR IN give street oddress) VETERANS AD	STITUTION (UE IN HOS	ot in hospital 120. USUA SPITAL during ma RATION CARP.	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
I	13o. odmi	USUAL RESIDENCE (Where deceos MARYLAND	sed lived, if institution: Residence before 3b. COUNTY	13c, CITY OR BALTIN	TOWN 13d, INSIDE CITY LIA	TOWN STREET PARTS HOUSE	
		ATHER'S NAME First ROBERT	Middle Lost ABBOT	r	. MOTHER'S MAIDEN NAME FI		CARRETT
	160. Y	WAS DECEASED EVER IN U.S. ARI	MED FORCES? Wer of dates of service) ISH AMERICAN 218 O	7 6297	NFORMANT CLINECAL REC	Address ORDS. VA HOSP. F	T HOWARD, MD
		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	nly one couse per line for (o), (b), and (c)	.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		4-109	DUE TO, OR AS A CONSEQUENCE OF		L INFARCTION		
		Conditions, if only, which gove rise to immediate cause (o), stating the underlying cause ((b) STITINGOOD		HEART DISEAS	SE. CONGESTIVE	
П		lost.	(c)				
		PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
2	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES NO X	206. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	S	21o. ACCIDENT WAS UNDERLYING CAUSE OF DEAT OR CONTRIBUTING CAUSE OF DEAT (If either, notify medicol exomi	TH HOUR A.M. Month Doy Year			nature of injury in Port 1 or Port 2,	Item 18.)
	MEDI	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	ctory.) 21f. LO			County State
		22a. I certify that (the saw the deceased a causes stated above	is haspital) attended the decease flive an 2/15/69 (We) (did XIXXXX view the	ed from	2/5/69 , 19_ I that in (64) (aur) apir leath.	to 2/15/69 , 19 ian death accurred an the do	, that (K (we) la ate and hour ond fram th
		22b. SIGNATURE	Lega	M DE GR	ATTENDING ME	22c.	DATE SIGNED
/		22d. PHYSICIAN'S NAME (Type) STEP	PHEN J RYAN, M.D.		22e. ADDRESS VA HOSPITA	L, FT HOWARD, MA	RYLAND
	230.	BURDAL (REMATION, 23b. BURDAL (Specify)			CREMATORY Vational	23d. LOCATION (City or Town) Baltimore, Mar	(County) (State) yland
A	24.	UNERAL DIRECTOR	HOME, HARFORD RD,		25n_REC'D_RY	PEGISTRAPS 25% ZREGISTRAPS	SIGNATURE

81.0 For the Control of th The same of the sa THE VALUE OF THE PARTY AND THE and the street of the Dank of the weather that the state of the s O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01939

I DECEMED MANY					CATE OF DEAL					
1. DECEASED-NAME	First		Middle		Last	2a. DATE (2b. HO
(Type ar print)	Char	les	John		Adams	Febr	uery 5	1969	Year	7:50
3. SEX		4. RACE			S. DATE OF BIRTH		1 405 11	15.11	NDER 1 YEAR	IF UNDER 24
Male		Whi			12-26-18	84	last birthay)	YRS. MDN	THS DAYS	HDURS
7p. BIRTHPLACE (State or	foreign 7		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH			
country) Austria		U.S.		WIDOWEE	DIVORCED [timore			
Towsom		giv	NAME OF HOSPITAL OR IN: e street address) St. Joseph	Hosp	ital durin	SUAL OCCUPATION MORE	N (Kind of work d	dane 1:	2b. KIND OF NOUSTRY	BUSINESS O
13a. USUAL RESIDENCE (W admission) STATE Maryland	here deceased	lived, if institution 13b Bauty	ution: Residence before	13c. CITY C	IR TOWN 13d. INSIDE (TREET AND NUMBE 07 Dunma:		Apt.	1222 E3
14. FATHER'S NAME	First John	Middle	Lost Adame		IS. MOTHER'S MAIDEN NAM	Susie	Midd		forwa	Last
16a. WAS DECEASED EVER Yes, na, ar unispown)	IN U.S. ARMED	or FORCES?	213-07-651	NO. 17.	informant aughter: Mrs	• Martha	White,	7909 Dund	Trap	pe Ro
rise to immediate staling the underly		DUE TO OR	AS A CONSEQUENCE OF							
PART 2. OTHER SIGN	IIFICANT CONDI	(c)	BUTING TO DEATH BUT NO WHICH OPERATION WAS PE	RFORMED	TO THE TERMINAL DISEASE	206.	F YES, WERE FINDIN	NGS CONSIL	DERED IN CE	ERTIFYING
PART 2. OTHER SIGN 190. DATE OF OPERATI January 210. ACCIDENT WAS	IIFICANT CONDI	(c) TIONS CONTRIB NOTION FOR W COSS OF THE HOUR A.M	BUTING TO DEATH BUT NO WHICH OPERATION WAS PEI f abdominal OF INJURY Manth Day Year	RFORMED Cavit	20a. AUTOPSY?	20b. I	F YES, WERE FINDIP S OF DEATH?			RTIFYING
PART 2. OTHER SIGN 19a. DATE OF OPERATI January 21a. Accident was DR CONTRIBUTING [(If either, natify me 21d. INJURY OCCUR! While work at wark	INFICANT CONDI	ITIONS CONTRIB NDITION FOR W COSS O 21b. TIME HOUR AM) P.M ACE OF INJURY	BUTING TO DEATH BUT NO WHICH OPERATION WAS PEI f abdominal OF INJURY Month Day Year AT HOME, FARM, STREET, FAC	RFORMED Cavit 21c. 1	20a. AUTOPSY? YES NO HOW INJURY OCCURRED (I	20b. 1 CAUSI Inter nature of inj	F YES, WERE FINDIP S OF DEATH? ury in Part 1 ar Pa y ar Tawn	ort 2, ltem Ca	18.) Junty	Sic
PART 2. OTHER SIGN 19a. DATE OF OPERATI January 21a. Accident was DR CONTRIBUTING [(If either, natify me 21d. INJURY OCCUR! While work at wark	INFICANT CONDI	ITIONS CONTRIB NDITION FOR W COSS O 21b. TIME HOUR AM) P.M ACE OF INJURY	BUTING TO DEATH BUT NO WHICH OPERATION WAS PEI f abdominal OF INJURY Month Day Year AT HOME, FARM, STREET, FAC	RFORMED Cavit 21c. 1	20a. AUTOPSY? YES NO HOW INJURY OCCURRED (I	20b. 1 CAUSI Inter nature of inj	F YES, WERE FINDIP S OF DEATH? ury in Part 1 ar Pa y ar Tawn	ort 2, ltem Ca	18.) Junty	Sic
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PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERATI January January January January January January January 21d. Accident was precontributing in the difference of the decouses stole 22d. Physician's	JIFICANT CONDI JON 19b. CO 5, Abs UNDERLYING CAUSE OF DEATH dical examiner RED 21e. PL Dot XIX (this precessed olive ed obove, (Hull ho	ITIONS CONTRIB NDITION FOR W COSS OF THE HOUR AM ACE OF INJURY hospitol) of the off-brid (we) (did	SUTING TO DEATH BUT NO WHICH OPERATION WAS PEI f abdominal OF INJURY Manth Day Year Manth Day Y	RFORMED Cavit 21c. 1 9 CTORY.) 21f. 1 ed from D 9.69, ar body ofter DEG	20a. AUTOPSY? YES NO HOW INJURY OCCURRED (II LOCATION Street or R.F.D. LOCATION Street or R.F.D. LOCATION Street or R.F.D. LOCATION STREET OF LOCATION (III) LOCATION STREET OF	No. Cit MED. DIRECTOR 20b. 1 CAUSI	F YES, WERE FINDINGS OF DEATH? ury in Part I ar Part I	Co 519 69 e dote o 22c. DATE Febru Md. 2	ounty thot and hour of signed lary 5	SI (we and from

DATE FEB 10

Whenda Judge

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hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban aga should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01941

1. DECEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH			2b. HOURA
(Type or print)	Earl	L Th	omas		Alt		Fe	ebruary	189 ;	1969	7:35
3. SEX		4. RACE			S. DATE OF			6. AGE (In years	1	F UNDER I YEAR	IF UNDER 24 HRS.
Male		Whit	e		3	10-27-1	4	last (pirthday)	rs. M	ONTHS DAYS	HOURS MIN
70. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	MIEVER MA	ARRIED	9. COUNTY	OF DEATH			
country) Balti	nore	U.S.A.		WIDOWED		ORCED	Ba	altimore			Mi
IO. CITY OR TOWN OF	DEATH	11. NAM	OF HOSPITAL OR INS	TITUTION (If no	in hospitol	12o. USU	AL OCCUPAT	ION (Kind of work do	ne	12b. KIND OF	BUSINESS OR
Baltim			et of desieph			un	emplo	ing life, even if retire	d.)	INDUSTRY	
130. USUAL RESIDENCE odmission) STATEM	(Where decease	13b. COUNTYBa	Residence before	13c. CITY OR 1		YES N	13e	STREET AND NUMBER 8552 Will		Oak Ro	ad
14. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S	MAIDEN NAME	irst	Middle	,		Lost
Geo	rge		Alt			Gra	ce			Boyed	
160. WAS DECEASED E Yes_no, or unknow NO	VER IN U.S. ARM (If yes give wo	or or doter of service)	b. SOCIAL SECURITY I		FORMANT Vife-	Lillia	n - 68	Address			
		y one cause per line								APPROXI	IMATE INTERVAL
PART I. DE		BY: TE CAUSE (o) AC			infon	ation				BETWEEN C	ONSET AND DEATH
410	IMMEDIA			iturar	THIAL	CCION				-	
Conditions, if or	which cove	Sa	vere core	marv a	rteri	asclaro	eis				
rise to immedi	te couse (o),	(b)		, , , , , , , , , , , , , , , , , , ,	1 0011	0004626	OID				
stoting the und	erlying couse		A CONSEQUENCE OF								
)	(c)	0.75 00/70 00/70								
PART Z. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTION	G TO DEATH BUT NO	DI RELATED TO	THE TERMIN	AL DISEASE OR	CONDITION G	GIVEN IN PART 1(0)			
N DITT OF ON	DATION TION C	CONDITION FOR WHICH	CDSD LTIQUE INC. DC		1.00		Test				
190. DATE OF OPE	KATION 19b. C	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a, AUT		CAL). IF YES, WERE FINDING USES OF DEATH?	SS CON	SIDERED IN C	ERTIFYING
210. ACCIDENT	VAS UNDERLYING	21b. TIME OF IN	JURY	21c. HOV	1			injury in Port 1 or Port	7 Ite	m 183	
	CAUSE OF DEATH		Month Day Year			- tanne		injury in voir voir voir	2, 1101	10.3	
(If either, notify		PLACE OF INJURY (AT	HOME, FARM, STREET, FAC		ATION Ser	ant or P.E.D. Mo		City or Town		County	Stote
While Not w	hile	OF	FICE BUILDING, ETC.	211.100	ATION JIN	el di K.I.D. No.		chy of fown		County	Tible
		haspital) attend	lad the deces	- I fame	2-8	196	9 to	2-8	19 6	9 41.1	(197) 11
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causes	tated abave,	(% (we) (did) (di	d nat) view the	bady after de	eath.	nyy (doi) api	mun ueur	n utturied dir me	uule	ana naun	una iram irie
22b. SIGNATURE	111	1133						1 2	22c. DA	TE SIGNED	
Chu	shAt	· lucemo	Mil	DEGREE	ATTEND	ING N	NED.	STAFF PHYS.	2	-8-69	
22d. PHYSICIAN'S	1		/		22e AD	DRESS					
NAME (Type	Christ	ine Felic	iano, M.I).	762	20 York	Road.	, Towson,	Md.	21204	ŀ
230. BURIAL, CREMATI	ON, 23b. D.	ATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOC/	ATION (City or Town)		(County)	(Stote)
Burial) 2	/11/69		nd Memo		Panle					
24. FUNERAL DIRECTO		44/ 9/	ADDRESS	MA MOTH	ALTRI	25o. 476 B	Y REGISTRAL	Ritimore C	AR'S SIG	SNATURE TO	and
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.		CEASED-NAME First ype or print) JULIUS			Middle MN	AT	Lost		20. DATE OF	eb. Month	⊿ D αγ	1959	2b. HOUR 12:50
	er.		4. RACE			AL	PER		L		1/	FUNDER 1 YEAR	THE UNDER 24 HRS
	. SE	Male	4. KALL				Jan. 1,			6. AGE (In year: log hirthday)		ONTHS OAYS	HOURS MIN
7	o. B	IRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH									
		iry Germany	U.S.								M		
10. CITY OR TOWN OF DEATH TOWSON			1 9	1. NAME OF I	dress) Conv	• Home	not in hospitol			(Kind of work of life, even if retir		12b. KIND OF INDUSTRY ALTCI	BUSINESS OR
		USUAL RESIDENCE (Where deceossion) SIATE Maryland	ad lived, if ins 13b. COUNT	titution: Res	idence before	13c. CITY OR TOWN 13c. INSIDE CITY LIMITS7 13e. STREET AND NUMBER Middle RiverYES NO Phila. Rd. & Middle F					River		
1	4. F	ATHER'S NAME First Dominick	Middl		lost Alter		S. MOTHER'S MAID	en name Fin lalena		Mido		Himme.	lost Lsbach
T	60.	WAS DECEASED EVER IN U.S. ARI		16b. SO	CIAL SECURITY		INFORMANT			Addre			
	Y	es, no, or unknown) (If yes give v	or or dates of service	212	2-01-32	11]	rederic	W. Al	ter	Abingd	on,	Maryl	and
F		18. CAUSE OF DEATH (Enter on	y one couse pe	er line for (c), (b), ond (c).)						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
l		DADT I DEATH WAS CALLS	DV.				Failure					-	ars
ı		4409	, ,		SEQUENCE OF		111111111111111111111111111111111111111	110					
١		Conditions, if any, which gove	(b)_			Arte	rioscler	osis					
H		rise to immediate couse (o), stating the underlying couse	1 1 2	OR AS A COI	NSEQUENCE OF								
L		lost.	(c)_										
Н		PART 2. OTHER SIGNIFICANT CO	DITIONS CONTI	RIBUTING TO	DEATH BUT N	OT RELATED	O THE TERMINAL D	ISEASE OR CO	ONDITION GIVEN	IN PART 1(o)			
ŀ	N												
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPE	RATION WAS PE	RFORMED	YES T	Y? NO:		YES, WERE FINDI OF DEATH?	INGS CON	SIDERED IN (ERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	HOUR A	LE OF INJURY	h Day Year	1	IOW INJURY OCCUR	RED (Enter	noture of injur	y in Port 1 or Po	ort 2, lter	m 18.)	
		21d. INJURY OCCURRED 21e. While Not while at work of work	PLACE OF INJU	RY (AT HOME			OCATION Street o	or R.F.D. No.	City	or Town		County	Stote
l		22o. I certify that (I) (the sow the deceased of	s-hospital)	attended	the decease	ed from	/7	, 19_6	7 , to 2	17	., 19_(59 , tho	(I) XWe) la
l		sow the deceased of courses stated above	ive on 24	lid) (did p	t) viole the	9, or	id that in (my)	(our) opin	nion death a	ccurred on th	ne dote	ond hour	ond from th
l		22b. SIGNATURE	, (I) (WE)(U) (did ric	of view life	body offer	ueom.				22c. DA1	TE SIGNED	
ı		Lauren	ee (10	Show	DEC	REE PHYS.	ME DI	ED. RECTOR	STAFF PHYS.		17/69	
1		22d PHYSICIAN'S	ence C.	Post		M.D.	22e. ADDRES						
Ŀ	4							TOPK		Baltimo			
L			D.20, 1			ancis	de Sales	5	Abin	-	Har	(County) ford	(Stote) Md.
2	24.	FUNERAL DIRECTOR Howard K. McC	omas &	Son	Abing		4d. 25	SO. RECD BY	REGISTRAR 2 0 19	25b. REGIST	TRAR'S SIG	GNATURE	ice.

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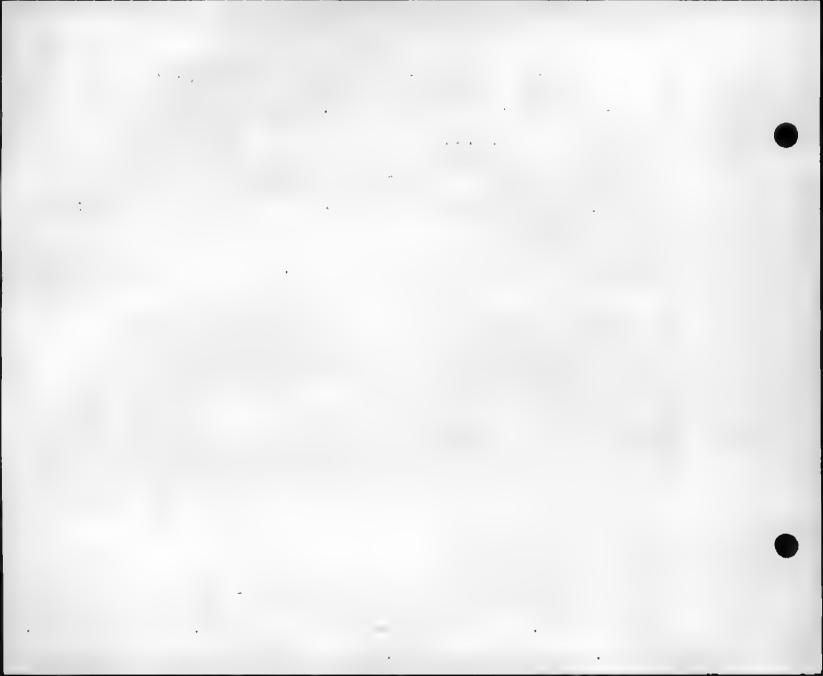
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MARYLAND STATE DEPARTMENT OF HEALTH 21949 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01943 CERTIFICATE OF DEATH . DECEASED-NAME Middle 2a DATE OF DEATH death. death. 2b. HOUR ond (Type or print) 3. SEX 4. RACE 6 AGE (In years IF UNDER 1 YEAR IF UNDER 14 HRS HOURS 7a BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [country DIVORCED carban paper WIDOWED 🔽 within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) Home during most of working life, even of retired) CALTONIU LLE NORLINGHOOD event. and camplet 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d WISIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death tertificate be executed odmission) STATE 13b COUNTY A please remaye 906ALTOVISTAA and in any 14 FATHER'S NAME First Middle IS MOTHER'S MAJDEN NAME First Last Middle Last EDROG 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN US ARMED FORCES? 17 INFORMANT Yes, na, ar unknown) (1 yes give wor or dates of service) CHART removal the attending phys 'nö none APPROX.MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per une far (a), (b), and (c)) PART | DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH burial, cremation, ar Conditions if any, which gave burial-transit rise ta immediate cause (a) mere DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION has been s se as the t th prior ta b ar attending 9a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO 🗍 of Health this certificate 210 ACCIDENT WAS UNDERLYING 2 b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, not fy medical examiner) P.M. be detached State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark OR ATTENDING TO FUNERAL DIRECTOR: After 220 | certify that (I) (this haspital) attended the deceased from 196 , and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive an. director, page 3 shauld shou d be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURE 22c DATE S GNEW ATTENDING PHYS DIRECTOR TO HOSPITAL Page 4 may b 22d PHYSICIAN S 22e ADDRESS NAME (Type) 1801 23a BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Woodlawn Lorraine Windson 25a REC'D BY REGISTRAR DATEFER



1 ·

3 . 4 ** 2 1 or the same



01947

3350 Wilkens Avenue, Balto., Md 23d LDCATION (City or Town)

Baltimore, Maryland

25b REGISTRAR'S SIGNATURE

(County)

(State)

01952

DECEASED NAME (Type or print) 3 SEX country) 14 FATHER'S NAME

physician and completely filled in by the fen please remove corbon popers. Pages over and in ony event, within 72 hours offer 50 5 cremation, signed by the burial-transit p Page 4 may be retoined by the hospital or attending

requires that the deoth certificate be executed within 24 hours after death

and 2

os the prior to t O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use shauld be filed with the Stote Dept. of Hearth

First. 25. HOUR February 16. Doy 1969 eor DAISY LEE BARRETT 4 RACE 5 DATE OF BIRTH 6 AGE (In years last birthday) IF UNDER YEAR Pande Female White 1902 September 6. 66" YRS 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED N. Carolina U.S.A. WIDD WED [DIVDRCED [Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY Baltimore Baltimore 1005 Leeds Avenue 3d INS-DE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY YES NO Baltimore Maryland Baltimore 1005 Leeds Avenue 21229 First IS MOTHER'S MAIDEN NAME First M ddie Lost William Smith Ada Wade 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) Mr. William J. Barrett. 1005 Leeds Avenue 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove } rise to immediate cause (a). stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO 🗔 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on _, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e, ADDRESS NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

Dr. Robert B. McFadden

2-19-1969

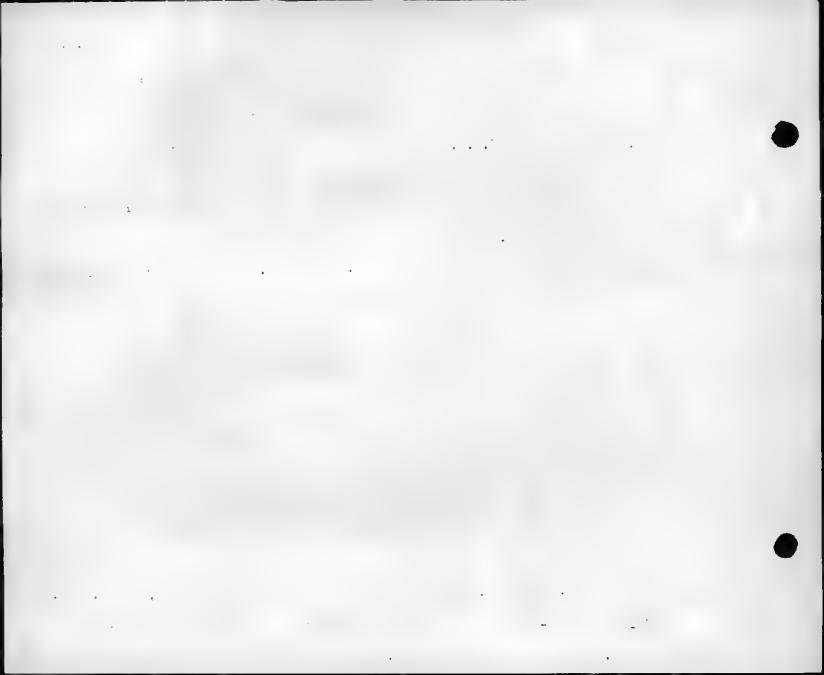
Howard H. Hubbard, 4107 Wilkens Ave. 21229

23b. DATE

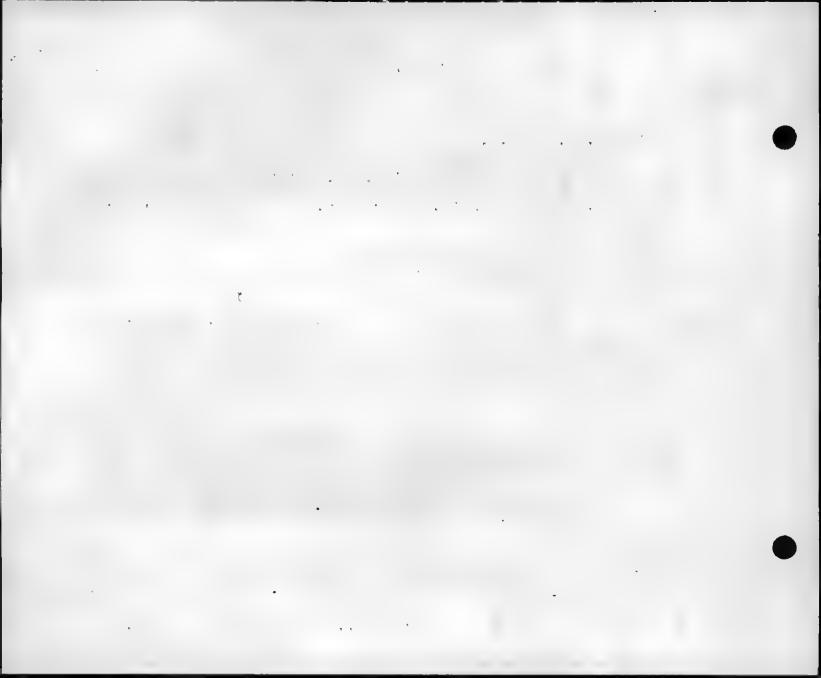
23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

BOXTATECTY)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem23 FilmGh09 2/17/69 kk CERTIFICATE OF DEATH 01948 DECEASED-NAME First 20. DATE OF DEATH Frederick BAUMGART 26. HOURA requires that the death certificate be executed within 24 hours after death (Type or print) WALTER FEB Month 4 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (In years lost birthday) MALE White 3/31/21 7b. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗔 country) Balto. Md. U.S. W DOWED | DIVORCED BALTIMORE 120 USUA, OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR BALTIMORE during most of working ife even if retired) give street oddress) INDUSTRY Greater Balto Med Cent Paper Carrier-Sun & News Pos
130 USLAL RESIDENCE (Where deceased lived, it institut on Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 21220 odmission) STATE Balto Bowleys Ots. physicion and compl hen please membre c novol, and in gry ever Box 323, Rt.15 14. FATHER S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First M.ddle Lost Emil Baumgart Katherine Durr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) WW 2-Army 217-26-2113 Nellie (nee Marsh) wife, above 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART DEATH WAS CAUSED BY CARDIO F CARDIO RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO, OR AS ACONTROLLING MA OF ESOPHAGUS WITH METASITASIS Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate hos been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗌 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work DEC. 23 10 68 to BEB 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive on TEB , and that in (Ksy) (aur) opinion death accurred an the date and hour and from the couses stated above, (K (we) (od) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING director, poge 3 should be filed DEGREE DIRECTOR TO HOSPITAL (Poge 4 moy b 22d, PHYSICIAN S 6701 N. CHARLES ST. TOWSON, MD NAME (Type) EDUARDO CANILANG 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, (County) (Stote) Bel Air Mem. Gardens Bel Air, Md. 24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc.



MARYLAND STATE DEPARTMENT OF HEALTH 01954 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01949 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR A (Type or print) Manth 13 Day 6 geor 10:30 HILDA RUTH BELL FEB 4 RACE hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS last birthday) FEMALE within 24 hours of WHOTE Oct 4 1907 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) BALTIMORE USA Marland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR Greater INDUSTRY BALTIMORE Balto Mad 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER adm ssion) STATE 13b. COUNTY Balto Joppa Rd exe ond in any 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Last Joseph Sindall Kate Jay eose requires that the death certificate/ 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. or unknown) 220-20-7270 Hospial records 1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
PNEUMON APPROX.MATE INTERVAL BETWEEN DISET AND DEATH PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF CARCINOMA RIGHT BREAST Canditians, if any, which gove) nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO X 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21d NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark FEB 10 22a. I certify that (1) (this haspital) ottended the deceased from saw the deceased alive an FEB 13 1969, ar 1969, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED Rhoensterk MED. DIRECTOR 2-13-69 DEGREE 22d PHYSICIAN S 22e ADDRESS NAME (Type) R. VASUDEVA 6701N.CHARLES ST. BALTO.MD 21204 director, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d. LOCATION (City or Tawn) (County) KEROAN-(Julian) 2/17/69 Moreland Memorial Pk, Baltimore, Maryland 25b REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR VR A15 FEB .F.EVANS & SON 8802 Harford road



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01950 01955 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. OATE OF DEATH 2b HQUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Benyo, Sr. Joseph 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years 1886 Whi te Mald Oct. burial, crematian, ar remaval, and in any event, within 72 hau 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) attending physician and campletely filled in sermit. Then please remove carban papers Baltimore Austria USA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 2b KIND OF BUSINESS OR during most of working life, even firetired) Catonsville 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Baltimore Wildwood Pkwy.21229 Lost 15 MOTHER'S MAIOEN NAME First Benvo Joseph 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21 228 Yes, no, at unknown) 213-01-7276 A Joseph Benyo, Jr., 5934 Robindale 18 CAUSE OF DEATH (Enter only one cause per time for (a) (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ARTERIO - S TERIO - SCLEROTIC CARDID - VASC. DISEASE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been d far use as the of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🖂 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 181 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) directar, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 2 e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 1967, ta 1967, ta 1967, that (I) (we) last saw the deceased glive an 1967, and thou (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e ADDRESS NAME (Type) Paul Ziegler Chestnut 23b DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2/26/69 Loudon Park Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR Witzke, 4101 Edmondson Ave., Balto., Md. DAFEB



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01951

1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month William Raymond Berry February 6. AGE (In years last-buthday) 3. SEX 4 RACE S. DATE OF BIRTH LE JNDER 24 HRS. IF UNDER 1 YEAR Male Negro 1887 April 20. 7a, BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEAT 8 MARRIED [] NEVER MARRIED [] registo.Co.,Md. U.S.A. WIDOWED FT DIVORCED . 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital IS VITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) Farming 30. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CHY LIMITS? 13P COUNTA Longnecker Road Reisterst 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle lost Lost Unknown Rachel Charms 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 212-38-4618 Joseph APPROX MATE INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c))
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE for Conditions, if any which gove nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATÉ OF OPERATION 19b. CONDITION FOR WEHER OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21c. HOW INJURY OCCURRED LEnter nature of injury in Port 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 226 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy (If either, notify medical expminer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from... saw the deceased olive an-189, and that in (my) (opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS STAFF DEGREE DIRECTOR PHYSICIAN 22e. AUDRESS 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 230 BURIAL, CREMATION, Piney Grove Cemetery Boring, Maryland 250. REP'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURES Owings Mills , Md.

Tquires that th death certificate be exacuted within 24 haurs after death. burial-transit O FUNERAL DIRECTOR: After this certificate has been as the director, page should be filed 01956





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01953

_ 24			CEASED-NAME	First		Middle		Last		2a. D	ATE OF DEATH			2b HOUR
r by the funeral s. Pages 1 and 2 hoors after death		(1	ype or print)	Walt	er	J.	B1.	ondell			Feb. Mc	inth 26 ^{0ay}	Year 9	8:00 M
fun 1		3. SE	X		4. RACE			S. DATE OF 8			6. AGE	(In years	IF UNCER 1 YEAR	IF UNDER 24 HRS.
ges off			Male		Whi	te		9-28	3-1908	3	lost	pirthdoy) O YRS.	MONTHS ONYS	HOURS MIN
rs Page rs Page hoors of	3		IRTHPLACE (State or	foreign	7b. CITIZEN OF WHA		8	<u> </u>			TY OF DEATH	JO 183.		
星器	1	canu	Md.	To rough.	USA	ii coomici.	WIDOWE	D NEVER MA	RCED []	1	ltimo	20		
illed ji poper in 22		_	ITY OR TOWN OF DE	LTU		ME OF HOSPITAL OR INS				_	PATION (Kind o		10: KIND OF	F BUSINESS OR
	E V			AITI	give st	root addroce)	,		during p	nost of w	orking life, evi Nance	en_if retired.)	INDUSTRY	DUSINESSUK
corbon corbon ent, witl	# X		owson				osep						ian U.	3.Gov't
	6.	admi			ed lived, it institution 12b. COUNTY	n: Residence before	13c CITY O		YES N	10 🔲	13e STREET AN			
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remove range	2-9-	14. F		First	M:ddle	Last		15. MOTHER'S M				Middle		Lost
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sician pleose I, and i		160,	WAS DECEASED EVER	IN U.S. ARA	or or dotter of secure)	166 SOCIAL SECURITY I		. INFORMANT				Address		
physician and ien please ren iovol, and in ar		Y	es, no, ar unknawn) 8 S	WW	11	213-07-9	101	Marga	ret G	1. B	londe]	1.1	Above	
			18. CAUSE OF DEA	TH (Enter on	y one couse per line	for (a), (b), and (s)		2.4	,	ts.		. 1	APPROX BETWEEN	UMATE INTERVAL ONSET AND DEATH
the attending sit permit. The		П	PART 1. DEATH	WAS CAUSED) BY. ITE CAUSE (a)	6 4	ereb	ral V	agenta	in a	ceiden	7	1/2	tepur
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d by -tron , cren			stating the underli	ring couse		A CONSEQUENCE OF						0-10186	1	
signed by the attendi burial-tronsit permit burial, cremation, or r		Н		HEICANT COL	(c)	NG TO DEATH BUT NO	T DELATED	TO THE TERMIN	AL DISEASE OF	CONDITIO	N CIVEN IN PA	PT VAI		
			PART 2. UTILE SIG	A Z	La Sa E	20 0 2/4	TALL	TO THE TERMINA	AC DISEASE ON	CONDINO	IN OTHER IN TAI	KI I(O)		
the tr		NO	190. DATE OF OPERAT	100 100	CL FC1 //	H OPERATION WAS PE	PEOD MED	20a. AUT	Oncva		not le vre la	EDE CIMPINOS C	ONSIDERED IN (CENTIFICING
as b	p-	CERTIFICATION	190. DATE OF OPERA	IUN 190.	CONDITION FOR WHIC	H UPEKATION WAS PE	KPUKMEU				CAUSES OF DEA		ONZIDEKED IK (LEKTIFTING
s P	st e	REI	B1 1221B2117 1111	11110 FD13011			Į.	YES		2				
cot Por Hec			21o. ACCIDENT WAS			Month Doy Year	21c.	HOW INJURY OF	CURRED (Ent	er nature	of injury in Pa	rt 1 or Part 2,	Item IB.)	
ill by		MEDICAL	(If either, natify me	dical exami	ner) P.M.	19								
s ce oche		2	21d IN. JRY OCCUR	RED 21e.	PLACE OF INJURY (at home, farm, street, fac office building, etc	TÖRY.) 21f.	LOCATION Stre	et or R.F.D. N	a.	City or Tow	n	County	State
de De		П	While Not while at work	<u> </u>										
fer tat		Н	22a. I certify t	hat (I) (th	is haspital) atte	ded the decease	d fram_	00		V Z.	ta_ <i>Tu</i>	19.	EZ, tha	t (I) (ws)- last
Id I		Ш	saw the d	eceased a	live an	did nat) view the	9 <u>67</u> , a	ind that in (n	ny) (<i>क्व</i> ा) a;	pinian d	eath accurre	ed an the da	ite and haur	and fram the
5 54		П	22b. SIGNATURE	rea abave	i, (i) (ave) (ave) (ala nat) view ine	pady arre	r deam.				1 00-	DATE CICHED	
3 s wi		Ш	220 SIGNATURE	1. 6	Kran	MILES C	1 05	ATTEND	ING MI	MED	STAFF		DATE SIGNED	10
ed ed		Ш	22d. PHYSICIAN S	0	12/	mery	DE	GREE PHYS		DIRECTOR	PHYS.		10001	7
P of e	- 1		NAME (Type) T	14774	am H. K	L/		22e. AD		Zomle	Rd	Balta	BTA	
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to									AATT 1					
. ⊆ [a] §	0	230.	BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF					LOCATION (City	•	(County)	(Stote)
200	X		REMOVAL (Specify)	13-	3-69	New C	athe	dral	Tan	B	altimo	re	A-0	Md
VR A15	KIN		FUNERAL DIRECTOR		. G	ADDRESS		7.5	2So. REC'D			b. REGISTRAR'S		
30M REV	1/88		-Wasen	IIIS A	: Sons G	o Balt	0	TIC .	DATE IN	U 7	K 4DOD	W ZAM	mela, a	ANDR.



01052

	477-4			CERTIFICATE OF DEATE	1	01332
	1. DECEASED-NAME (Type or print)	first Adolphe	Middle ₩•	B londheim	2a. DATE OF DEATH Month	19 69 2:10 1
	3. SEX Male	4. RACE	White	s. date of Birth 10/16/88	6 AGE (in year last birthday)	YRS. FUNDER 1 YEAR IF UNDER 24 MRS MAN
	7g. BIRTHPLACE (Stote of country) Maryl	and U.	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED FOR DIVORCED	9. COUNTY OF DEATH Balt	timore M
70	to city or town of D Luthervill	e, Md.	11 NAME OF HOSPITAL OR IN give street address) College Mai	nor Nursing Home	SUAL OCCUPATION (Kind of work most of working its even if ret AT USE	dane 125 KIND OF BUSINESS OR INDUSTRY
20	admission) STATE Ma	Where deceased lived, if in the court of the	nstitution. Residence before	13 BALTIMORE YES T	NO ☐ 3601 Gree	
4	14. FATHER'S NAME		# Solomon Blc Tob Social Security	is. Mother's Maiden NAM	Bella We	
500	Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dates of sen	16b. SOCIAL SECURITY 197-11;-29	no. 17. Informant 1993 Dr. Crawford	Kirkpatrick 6 I	
o burial, cremation, or remavol, and in ony, event, within 72 h	Conditions, if ony, rise to immedial stoling the under lost. PART 2 OTHER SIG	which gave (b) (b) e cause (a), (b) DUE TO	, OR AS A CONSEQUENCE OF , OR AS A CONSEQUENCE OF		OR CONDITION GIVEN IN PART 1(0)	
Th prior to	19a. DATE OF OPERA	ATION 196. CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	CALICEC OF DEATHS	DINGS CONSIDERED IN CERTIFYING
1	G (If either, notify m	EALSE OF DEATH HOUR	P.M. 1	9	nter nature of injury in Port 1 or F	Part 2, Item 18.)
	While Mat wh	"." U	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC		,	County State
	causes st	that (I) (this despital deceased alive an F ated abave, (I) (Te)	attended the decease ebministry 13 (and not) view the	ed fram September , 19 69 , and that in (my) (boc) bady after death.	9 <u>68, to Present.</u> apinian death accurred an t	
Should be med will	22b. SIGNATURE 22d. PRYSICIAN S NAME (U.pe)	IN Kylic Cord N. Kirk	patrick, Jr.	DEGREE PHYS. 22e. ADDRESS M. D. 6 East	MED. DIRECTOR DISTAFF PHYS. Eacor St. Bolti	122, DATE SIGNED Tubruse 20, 1969
	230. BURIAL, CREMATION Cremation			CEMETERY OR CREMATORY Mount Crematory	23d. LOCATION (City or Town	n) (County) (State)

1050 York Road
Towson, Maryland 21204 DAFEB

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificale be executed within 24 hours after death.

Page 4 may be retained by the haspital or ottending physician.

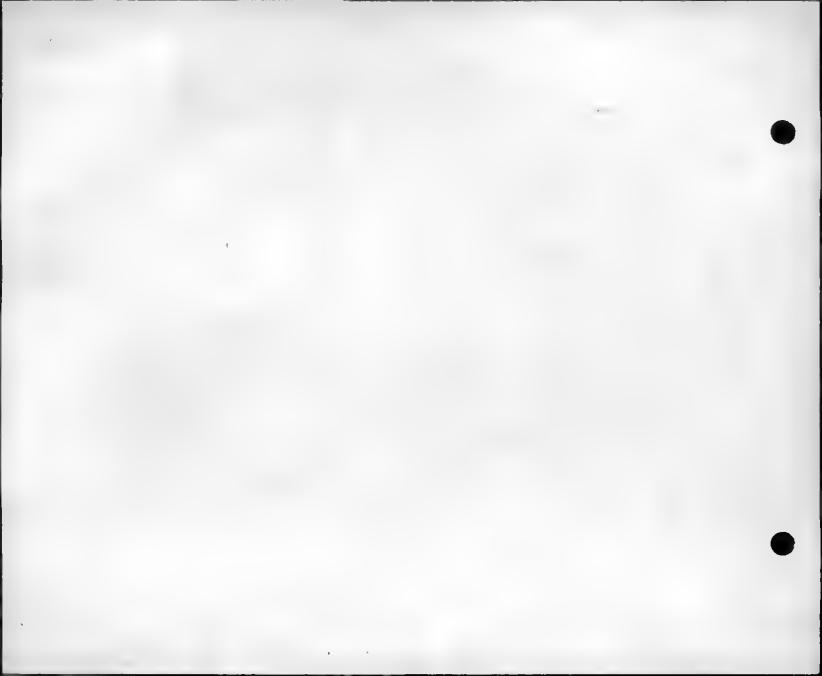
24. FUNERAL DIRECTOR

Cook-Brooks Towson,

VR A15 (1) 30M REV. 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01960 01955 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE OF DEATH and 2 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) ysicial, and completely filled in by the funeral please, remaye carban papers. Pages I and sit, and in any event, within 72 hours after deat 3. SEX 4. RACE 6. AGE (In years IF JINDER LYEAR lost_birthdoy) MONTHS HOURS Female 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH realists AliA BALTIMORE 71.5 WIDOWED DIVORCED M 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 2h KIND OF BUSINESS OR give street oddress) during mast of working life, even if ret red) INDUSTRY CATONSVILLE 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY JM.TS2 Middle Lost IS MOTHER'S MA DEN NAME First Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes pa or unknown) 51571R cremation, ar removal APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave) HYDER TENSIO rise ta mimediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 10 ARTERI. SCLERO-15 burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b CHRONGIRGHMU BRAN Page 4 may be retained by the haspital ar attending **O FUNERAL DIRECTOR**: After this certificate has been director, page 3 shauld be detached far use as the 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO T 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Year 5 (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. NJURY OCCURRED City or Town County State While | Nat while | at work 22a. I certify that (!) (this haspital) attended the deceased from It (!) (we) last saw the deceased give an It 3 1, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1)-{we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR 22_B. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (State) (County) REMOVAL (Specify)
Burial Fair Hill Md. Cecil Sharps Cemetery 25a, RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAD DIRECTOL VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01958 81961 CERTIFICATE OF DEATH DECEASED NAME First M:ddle Lost 20 DATE OF DEATH and 2 76 HOUR funeral (Type or print) Month 7:15pm Margaret Bowers 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthdoy) Female White 07-15-84 R). 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 🗍 NEVER MARRIED 🚾 country) U.S. WIDOWED [DIVORCED Baltimore 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Spring Grove State Hosp. during most of working life, even if retired) INDUSTRY please remave carban ¥ Catonsville 130 USUAL RESIDENCE (Where deceased ived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 186 COUNTY Baltimore 1933 Breitwert Ave. and in any 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First M.ddle Lost pe George Bowers Flannery Sarah 160. WAS DECEASED EVER IN U.S ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar remaval, 217-18-3628 Spring Grove Hosp. hen records APPROX MATE INTERVA IB CAUSE OF DEATH (Enter only one couse per hor to (o), (b), and (s).
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if only, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOM: After this certificate has been detached far use as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🖵 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a I certify that (I) (this haspital) attended the deceased from Nov 6, 19.68, tareb. 10, 19.69, that (I) (we) last saw the deceased drive on Feb. 10, 1969, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (ad not) New the bady after death. 226 SIGNATURE director, page shamid be filed DEGREE DIRECTOR PHYSICIAN'S NAME (Type) 230 BUR AL, CREMATION 23d LOCATION (City or Town) 24 FUNERAL DIRECTOR DATE

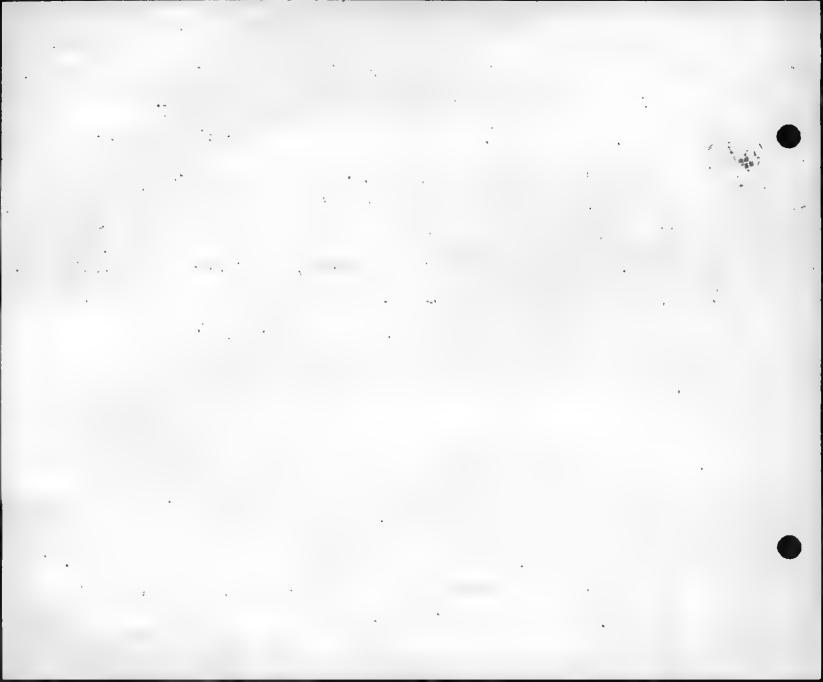


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Los 20 DATE KNOWN (Type or Print) Alvin FSTI-Brinkman DEATH MATED 4. RACE 6. AGE (In years JE UNDER 1 YEAR IF JNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAL Male White April 24, 1915 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country aryland U. S. A. Baltimore WIDOWED [DIVORCED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (if not in hosp'tal 12a JSBAL OCCUPATION (Kind of work done haurs after death 12b KIND OF BUSINESS OR during most of working Lie, even if retired)
Welder - Bethlehem Edgemere Lodge Farm Road ouolo 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND WUMBER 13b COUNTY imore 2601 Lodge Farm Road Edgemere YES NO X land ofter 14. FATHER'S NAME First 15 MOTHER'S MAIDEN NAME First Middle Lost Brinkman Henrietta Oscar L. Lowery be executed within 24 Page 4 shauld be forwarded to the Chief Medical Examiner's hours pages 17 INFORMANT (Mother) ADDRESS Sparrows Point. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO in pencil (Yas, no, or unknown) 213-09-3357 Mrs. Henrietta Brinkman, 997 "H" St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). This certificate shauld execute the certificate, writing the word stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D 19a. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PÉRFORMED? NO F YES 3 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter-nature of injury in Port 1 or Port 2, Item 18) may be retained for yaur files. FUNERAL DIRECTOR: Page 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F D No. City or Town County State factory, office-building_etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection X Inquiry oc ond in my opinion deoth resulted fram: Natural causes 29 1 Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAT 22b DATE SIGNED 2/27/69 ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 3724 Dundalk Ave. DEPUTY MEDICAL EXAMINER (X) 5 may 70 FUNE Health ADDRESS(Street, city, town, or county) Dundalk. Md. 21222 Theodore C. Patterson NAME (Type) M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE 23d LOCATION (City or Town) (County) Burial (Specify) Baltimore National Cem. Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REG STRAR John J. Duda, 7922 Wise Ave. Dundalk, Md.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01964 CERTIFICATE OF DEATH 01959 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR within 24 hours after death filled in by the funeral (Type or pnnt) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR NEGRO last birthday) 7o. BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? **COUNTY OF DEATH** 8. MARRIED MEVER MARRIED country) Baltimore County, WIDOWED [DIVORCED TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Mount Wilson Wilson St. Hosp 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136. COUNTY SHADYSIDE YES TO NO PHYSICIAN: The law requires that the death certificate be execut burial, cremation, ar remaval, and in any signed by the attending physician and obvial-transit permit. Then please rem 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First JAMES BROWN CARRIE BROWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Records, Mt. Wilson State Hospita 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) pnd (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 12 mo. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) CPHRESCLEROSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta ulmen ary 190. DATE OF OPERATION 20g. AUTOPSY2-206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TU NO I 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year u, (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R F.D. Na. Stote City or Town County While Nat while at work 220. I certify that it (this hospital) attended the deceased from ID and that in leave to _1964, and that in (pay) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on_ causes stated abave, (we) (did) (did:not) view the body after death. 22b. SIGNATURE 22c DATE STGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson. Maryland NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, IDENTION (City or Town (County) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So REC'D BY REGISTRAR OFEB 30M REV.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01966 01961 CERTIFICATE OF DEATH Middle DECEASED-NAME Margaret Bucher 20. DATE OF DEATH 25 HOUR physician and mempletely filled in by the funeral en please remove carbon papers. Pages 1 and 2 oval, and in any event, within 72 hours after death. (Type or print) 4 RACE White 3. SEX S. DATE OF BIRTH 1901 6 AGE (In years IF UNDER 1 YEAR IE TINDER 24 HRS last birtaday) Female 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Baltimore WIDOWED DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Summit Nog Home 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) atonoville State Rds 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE odmission) STATE Md 13b COUNTY Balto Narriotisvilles 13e STREET AND NUMBER Marriottsville, Rd. 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Frank P Mc Kenna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 219-14-1982 & Patrick J Bucher Marriottsville Rd Marriottsvi Yes no or unknown) (If yes give war or dates of service) ar removal, signed by the attending phy burial-transit permit. Then 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. Metastatic CARCINOMA generalizes 21 month IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF RIGHT BREAST Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? CARLINOMA RIGHT BREAST YES | NO C for use 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAJSE OF GEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from January, 1954, to Flurally 1964, that (I) (we) last saw the deceased alive an February 19 1961, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did net) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Melin n. Borden MD ATTENDING PHYS MED director, page 3 should be filed v 22e. ADDRESS 22d. PHYSICIAN'S 5000 BALTO NATIL PIKE NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote)

30M REV

requires that the death certificate be executed within 24 hours after death

Burial 2-22-69 New Cathedral en Henral Director Thomas J Kenny Inc 1600 Hellins St 24 FUNERAL DIRECTOR

23b DATE

Baltimore, Md

(RAR | 2Sb. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR Ochanles 1969

(County)



within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician dry competely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. I should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR ATS

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be expecuted Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01962

CERTIFICATE OF DEATH

1	DECEASED-NAME	First		Middle		Lost		20. DATE OF DEATH			2b HOUR		
	(Type or pnnt)	Lynn		6.	(CECIL		2 Month	22 ^{Poy}	69 ⁸⁰⁰¹	10:10		
3	SEX		4. RACE			DATE OF BIRTH		6. AGE (In yea		IF JNDER YEAR	IF UNDER 24 HRS.		
	Male		Cauc			1/9/2	2	losy bisthdoy	YRS.	MONTHS DAYS	HOURS MIN.		
70	RIPTHPI ACE (State	or foreign	b. CITIZEN OF WHAT		8			COUNTY OF DEATH	t KJ. 1				
cc	Maryla	/	USA	COOME	MIDOMED [NEVER MARRIED [_						
10	CITY OR TOWN OF	PEATU	0,0,1	OF HOSPITAL OR INST	la de			Baltimor OCCUPAT ON (Kind of work		Tigs Kind of	MICHIECO		
, 10	CIT OK TOWN OF	DEATH	give stree	of nosmial uk inst	ITUTION (IT NOT	n nospiioi 1	urima mās	t of working te, even if ret	red)	INDLSTRY Liquo	BUSINESS OR		
	Towson	them. (Grea	ter Balto	Med.	Center	Jake	t of working fe, even if ret		Liquoi	2 1149.		
) lad	o USJAL RESIDENCE Impission) JSTATE;	(Where deceased	lived, if institution	Kezidente perole	13C CITY OK IC	JYYIN 1.50. 1N	DIDE C LL TIME	130 SIKEEL AND NUME	BEK				
	Paripland	M.	Ba	ltimore	Cockey	VLLLE		7 100 11200 1	Road.				
14	i. Fathér's name	Alan I	B. (ecil	Lost	15. A	Agatha	NAME Firs	lichael Mic	elbt		Lost		
16	o. WAS DECEASED EV	VER IN U.S. ARME	D FORCES? 161	SOCIAL SECURITY NO	D. 17. INF	ORMANT		Add	ress				
-1	Yes to or unknown	(1) (1) YES ALVE VAID	Ft dotes of service)		I A	amily r	econd	ls					
	10 CAUSE OF D	EATH (Enter only	and source per horal	er (e) th) and (e))		4,5		-		APPROXI	MATE INTERVAL DISET AND DEATH		
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY. Chromaphobe adenoma of pituitary											
	206	IMMEDIATI			e aden	oma or p	1 Eul	<u>tary</u>		+			
			DUE TO, OR AS A	CONSEQUENCE OF									
	Conditions, if on		(p)							-			
	stoting the und	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	last,	,	(c)										
	PART 2 OTHER S	IGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISE	ASE OR CO	NDITION GIVEN IN PART 1(0)					
3													
Mortestanon	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS										ERTIFYING		
1111	2/18/69 Pituitary tumor												
3	210. ACCIDENT V	VAS UNDERLYING			21c HOW	INJURY OCCURRE	D (Enter r	nature of injury in Port 1 or I	Port 2, Ite	em 18.)			
MEDICAL	G OR CONTRIBUTING			Nonth Day Year									
Ä	21d INJURY OCC	HDDED 21. D	LACE OF INJURY (AT I	HOME, FARM, STREET, FACTI	ORY) 21f LOCA	TION Street or F	R.F.D. No.	City or Town		County	Stote		
	While Not w	Hile	(or	ICE BUILDING, ETC.	- '								
			haspital) attend	ed the deceased	d from	2/4	., 19_6	9_, ta2/22	. 196	9 , that	(I) (we) las		
	saw the	deceased oil	ve on 2/22	19	.69_, and t	hat in (my) {a	iur) apıni	ion death accurred an t	ihe date	e and haur	and from the		
		tated above,	(I) (we) (did) (did	d not) view the b	ady after de	oth							
H	22b. SIGNATURE	7	7.10 7			ATTENDING	MEI	D STAFF	22c. D/	ATE SIGNED			
			Burl	usell	DEGREE	PHYS.	LJ DIR	ECTOR PHYS.		2/22/6	,9		
	22d. PHYSICIAN'S NAME (Type		D		M D	22e. ADDRESS) T N	Charles Stre	oct				
	MARIE (1) SE	Mudi	ger Breit) T 1/4	Charles Stre	:61				
23	O. BURIAL CREMAT	ON, 23b D/		23c NAME OF C		EMATORY		23d LOCATION (City or Town	h)	(County)	(Stote)		
	BEMOVAL (Specify	Feb.	25,1969	Prospec	t Hill	Cemeter		Touson, Mari					
2	SUNERAL DIRECTO	1/4/	1/1	ADDRESS		2So.	REC'D BY	REGISTRAR 25b REGIS	TRARS S	IGNATURE	de		
1	tolin!	Hurs	Hono	ar	LOW	DAT	E MAR	3 1969		, 14 No.	- pt		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours after death.

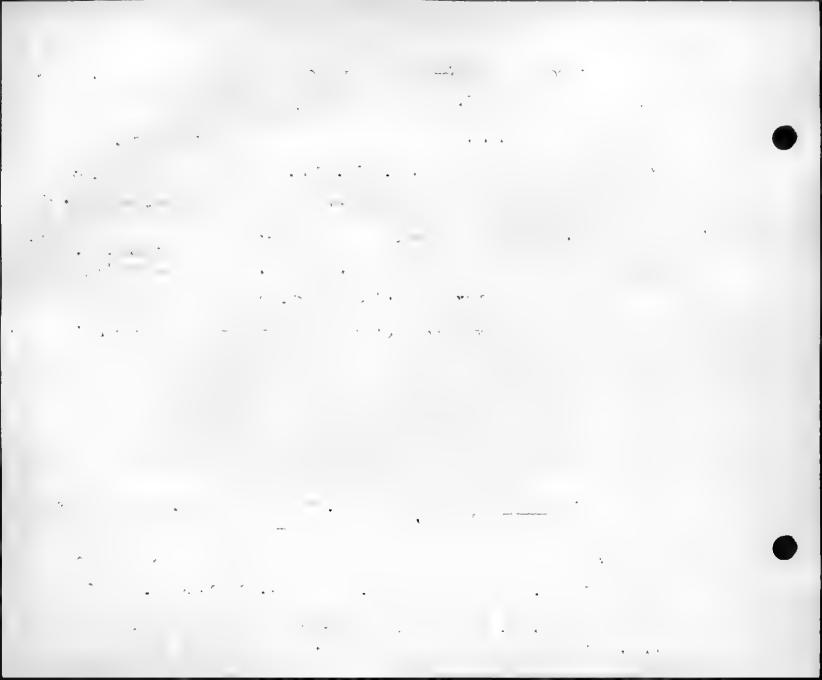
Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01963

					CERTII	ICAIL OI	PEATH				77 Tr 47	0.0	
	ECEASED-NAME Type or print)	First	MO	ANTONIO		lost ICHERO		2o. DATE	OF DEATH	auth 8 Day	69 ^{year}	26. HOUR 45	
3 . SI	Y	GIACC	4. RACE	MMIN		S. DATE OF B			A AG	F (In years	IF UNDER 1 YEAR	IF JNOER 24 HRS.	
J. J.	MALE		4. KALL	CAUC.			st 4,	1900	last	68 YRS.	MONTHS DAYS	HOURS MIN	
70 cau	BIRTHPLACE (State	e or foreign		S.A.	8. MARRIE WIDOWE	D NEVER MA	RRIED 🗌	9. COUNTY BA		ORE CO) .	M	
10.	TOWSON	DEATH		NAME OF HOSPITAL OR IN) NOITUTITZ	f not in hospital ED CE	N during r	UAL OCCUPATION CHEE	ON (Kind ing life, ev	of work done ren if retired.)	126 KIND OF E INDUSTRY FOOD	JUSINESS OR	
13o. odm	USUAL RESIDENCIES (STATE)	E (Where deceo	ed lived, if m	stitution: Residence before TY		or town Lmore	13d. INSIDE CITY YES X			ND NUMBER Beehler	r Avenue		
14	FATHER'S NAME	First	Made	lle Lost		IS. MOTHERS M	AIDEN NAME	First		Middle		Last	
		Giusep		Ciche			addale	na.				rrari	
160	WAS DECEASED es, no, or unknow NO	EVER IN U.S. ARI	AED FORCES? POT or dates of service	16b. SOCIAL SECURITY		, INFORMANT					e, Md.		
_						irs. Ang	zela P.	Ciche	ero 3	835 Bee	hler Av	enue	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardio Respiratory Failure											ISET AND DEATH	
	/ 8 × X DUE TO, OR AS A CONSEQUENCE OF												
	Canditions, if a rise to immedi	nγ, which gave ate cause (o),	(D).			Urinar	ту вта	adder	Wit	h Meta	stasis		
	stating the un last.	derlying couse	DUE 10,	OR AS A CONSEQUENCE OF									
	PART 2 OTHER	SIGNIFICANT CO	NDITIONS CONT	RIBUTING TO DEATH BUT N	IOT RELATED	TO THE TERMINA	AL DISEASE OF	CONDITION G	IVEN IN PA	ART f(o)	 !:		
=													
CERTIFICATIO	190. DATE OF OP	ERATION 19b.	CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20a. AUT		1 car	IF YES, V JSES OF DE		ONSIDERED IN CE	RTIFYING	
MEDICAL CE	21a. ACCIDENT OR CONTRIBUTING (If either, natify	G CAUSE OF DEA	TH HOUR	AE OF INJURY A.M. Month Doy Yeor P.M.	9 21c.	HOW INJURY OF	CURRED (Ent	ter nature of	injury in Po	ort i or Port 2,	Item IB.)		
MR.	21d. INJURY 00 While I Not at work at v	vark		JRY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					City or Tov		County	State	
	22a. I certif saw the causes	y that (1) (the e deceased c stated abov	is hospital) live an e, (I) (we) (c	attended the decease or uary 8, did) (did nat) view the	ed from 19 69 (bady afte	NOV	120 , 19 (aur) al	<u>69</u> , ta_ pinian deat	FEB h accurr	ed an the da	69_, that ite and haur o	(N) (we) la: and from th	
	22b. SIGNATURE	n. 6.	Mge	wour.	Di	GREE PHYS		MED. DIRECTOR	STAF PHYS	C -9 P	DATE SIGNED /9/69		
	22d. PHYSICIAN NAME (Typ		4. I.	Mansour,				CHA!			21204		
230	BURIAL, CREMAT REMOVAL (Speci	6.3	DATE			OR CREMATORY				ar Town)	(County)	(etat?)	
24	REMOVAL (Speci			1969 Druid			250 REC'D	BY REGISTRA	esvil	le Mar	CYLAND SIGNATURE		
24.	JEE-	OWE VY 4	emmon	4611 Park	Heigh	ts Ave.		B 1 3			mela. () ea	Antes.	



Clark

WIDOWED [

13c, CITY OR TOWN

17 INFORMANT

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital

Last

16b SOCIAL SECURITY NO.

Clark

Cardiac arrest

Middle

Lae

CERTIFICATE OF DEATH

Lost

MARRIED NEVER MARRIED

5. DATE OF BIRTH

DIVORCED [

15 MOTHER'S MAJOEN NAME First

Mrs.Julima

20a. AUTOPSY?

NO IP

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

YES 🖂

ATTENDING

PHYS 22e. ADDRESS

AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No.

OAYS

12b KIND OF BUSINESS OR

TISTE.

3. ni th

IF UNDER I YEAR

INDUSTRY

meadows !!

MONTHS

2b. HOJR₄

HOURS

Last

APPROX MATE INTERVAL

BETWEEN ONSET AND DEATH

State

(Stote)

Conditions, if any, which gove) rise to immediate cause (a),

couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)

REMOVA (Specify)

24. FUNERAL DIRECTOR

Robert

23d. LOCATION (City or Town)

Chase St

CAUSES OF DEATH?

City or Town

PHYS.

2a. DATE OF DEATH

9. COUNTY OF DEATH

12g, USUAL OCCUPATION (Kind of work done

during most of working life, even if retired)

diver

Lebbice

NO X

13d. INSIDE CITY LIMITS?

YES

6. AGE (In years

lost bigthday)

Bul Bimore

13e. STREET AND NUMBER

Lee

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County

22c DATE SIGNED

Address

Garrison Forest 2Sb REGISTRAR'S SIGNATURE

23b. DATE NAME OF CEMETERY OR CREMATORY homas!

250 REC D BY REGISTRAR

DIRECTOR

1. DECEASED-NAME (Type or print) 3 SEX 70 BIRTHPLACE (State or foreign country) obilo ...la 10. CITY OR TOWN OF DEATH 130 USUAL RES DENCE (Where deceosed lived, if institution, Residence before 14. FATHER'S NAME 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 23a BURIAL, CREMATION,

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Yes, no, or unknown)

03000

Stevenson

First

Gaylord

First

Gaylord

4 RACE

7b. CITIZEN OF WHAT COUNTRY?

Middle

Dlair

give street oddress)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse,

I (II yes give war or dates of service)

IMMEDIATE CAUSE (o)

1B. CAUSE OF DEATH (Enter only one couse per line for (α), (b), and (c).) PART I. DEATH WAS CAUSED BY:

1%. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner) 21e. PLACE OF INJURY

21d. INJURY OCCURRED

While Not while at work

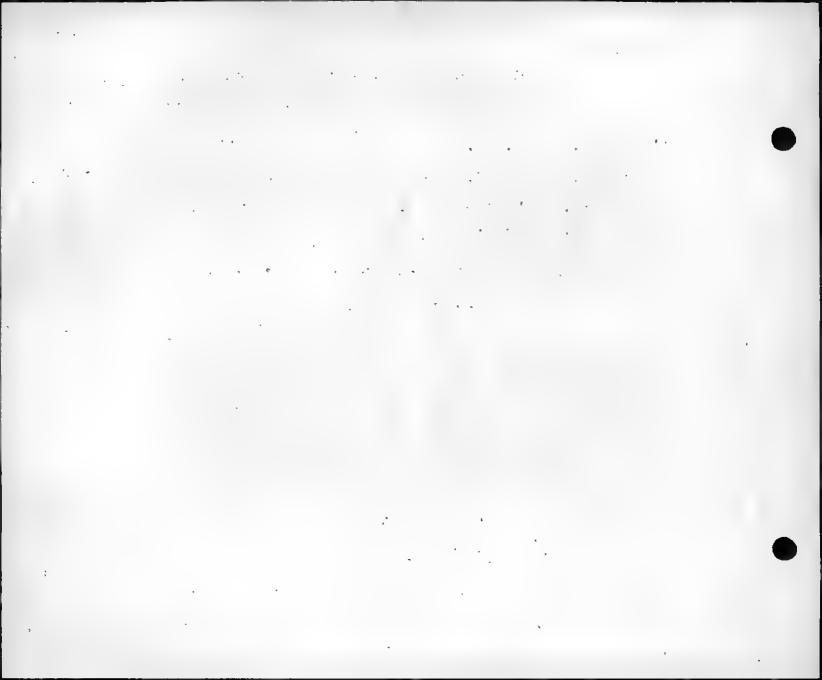
P.M.

1:380n

Month Day Year

(County)

O FUNERAL DIRECTOR: After VE AT THE 30M REV



81970

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical god completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers 7 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 traurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

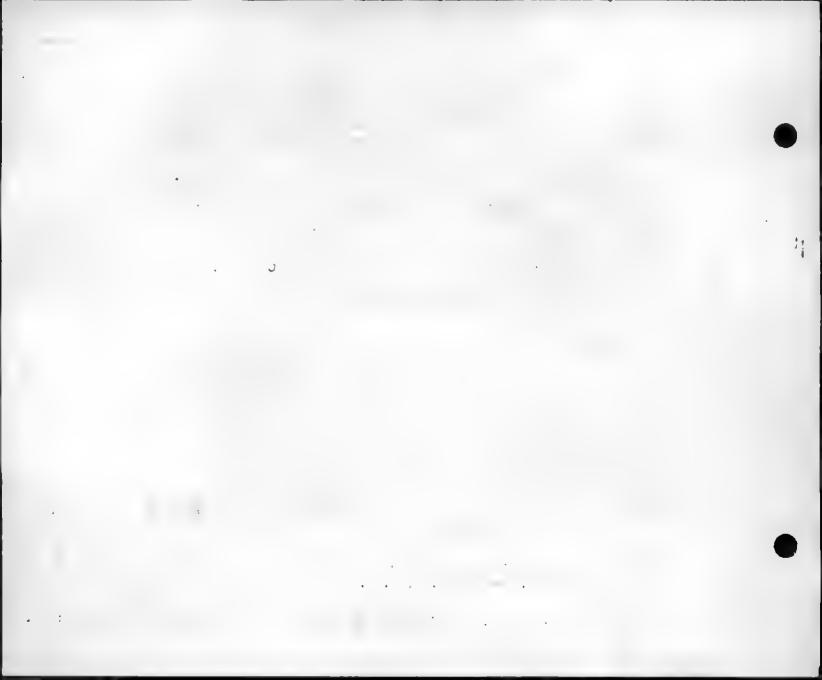
Page 4 may be retained by the hospitol or attending physicion.

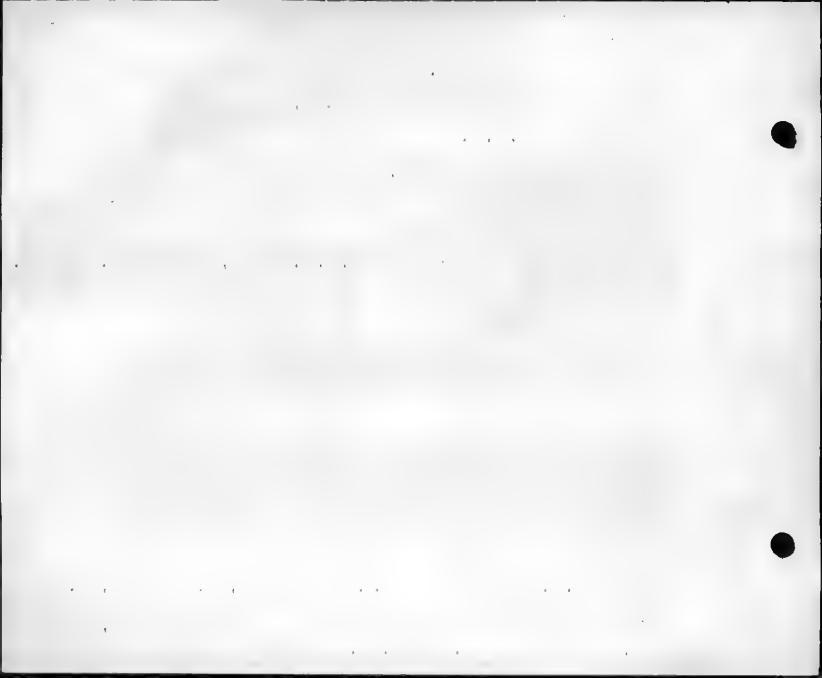
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01965 CERTIFICATE OF DEATH

and 2 deoth.			ECEASED-NAME Type or print) Ca	first aroline	Middle Sophia	Cler	lost tens	2a. DATE OF		D 9 26 Yeor6	2b. HOUR 9 12-70 M
ges 1 confer d		3. 50	x Female	4. RACE Whi		5	DATE OF BIRTH		6. AGE (In years last bethooy)	IF UNDER 1 YEAR MONTHS DAYS	1F JNDER 24 HRS HOURS MIN
Traines Hainrs		7o.	BIRTHPLACE (State or foreign Wew Jersey		ZEN OF WHAT COUNTRY? 8. MAR		NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH	ltimore	
n pape ithin 7/	<i>p</i> 4		CITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR IN restreet poddress) 3200 Toxas	WIDOWED A	hospital 12a US	UAL OCCUPATION mast of working I	(Kind of wark dan ite even if retired	ne 125 KIND 0	F BUSINESS OR
npletely e corba ivent, w	12		Parkville USUAL RESIDENCE (Where ission) STATE	despend fixed of last.		13c. CITY OR TO	WN 3d. INSIDE CITY	LIMITS? 13e STR	EET AND NUMBER		
ar cor	-5'	14.	Marylai FATHER'S NAME First	Middle	Lost		OTHER'S MAIDEN NAME	230 2000	Middle	VAQ	Lost
	į		Sebas	tian	Etzkorn			nelmina		Sch	ott
nysica n pleos vol, an			WAS DECEASED EVER IN U (es, no, or unknown) (if y	S. ARMED FORCES? es give war or detes of service)	16b. SOCIAL SECURITY 217-01-68	NO 17. INFO	RMANT . Mildred	Tamuloni	Address LS	(Same	
by the ottending physicate and completely tilled in by the tuneral transit permit. Then please remove carban papers 70ges 1 and cremotion, or removol, and in any event, within 72 haurs offer deat			18. CAUSE OF DEATH (En PART 1 DEATH WAS	ter anly one couse per CAUSED BY: AMEDIATE CAUSE (o)	line for (a), (b), and (c)	~	Variety Rens	Distur		BETWEEN	ONSET AND DEATH
he offe it perm ofion, o			Conditions, if any, which	DUE TO, O	R AS A CONSEQUENCE, OF	f F	ditan			R	
of by 1 of-trans of, crem			rise to immediate couse stating the underlying c last.	(0).	R AS A CONSEQUENCE OF						
signed burial- burial,			PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRI	BJTING TO DEATH BUT N	OT RELATED TO TH	E TERMINAL DISEASE O	R CONDITION GIVEN	IN PART 1(o)		
IO FUNEKAL DIKECIOK: After this certificate has been signed by the offenal director, page 3 should be defoched for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremotion, or is	X	CERTIFICAT OF	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO [CAHSES	YES, WERE FINDING OF DEATH?	S CONSIDERED IN	CERTIFYING
for us	, /	MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, natify medical	OF DEATH HOUR A.A			INJURY OCCURRED (En	ter nature of injur	y in Part 1 or Part	2, Item 18.)	
This cert etochec Dept. c		MEC	21d INJURY OCCURRED While Not while	21e. PLACE OF INJUR	Y (AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY) 21f LOCA	1		or Town	County	State
J FUNEKAL DIRECTOR: After this cerrit director, page 3 should be detoched should be filed with the Stote Dept. of			22a. I certify that (l) (this haspital) a ed alive an 1	trended the deceas d) (did-not) view the	ed from	at in (my) (aur) a	pinian death a	ccurred an the	19 <u>64</u> , tho date and have	it (I) (wo) last r and from the
3 shous with the			22b. SIGNATURE	1 1 .	a) (didator) view the	DEGREE	ATTENDING PHYS.	MED.	STAFF DHYS.	220 DATP SIGNED	169
KAL VI 7. page be filed	1		22d. PHYSICIAN'S	ward Goodm	an M.D.	PEONIE	22e. ADDRESS		Baltim	7 7 17 2	-
director shoufd		23a	BURIAL, CREMATION, REMODVAL (Specify)	23b. DATE 2/19/69.	23c. NAME OF	CEMETERY OR CRI	MATORY	23d. LOCATIO	N (City or Town) more, Ma	(County)	(State)
VR A15 (30M REV	A	24.]	funeral director Leonard J Ru		ADDRESS		2So REC'D	BY REGISTRAR 1 7 196	25b, REGISTRA	AR'S SIGNATURE	gu.







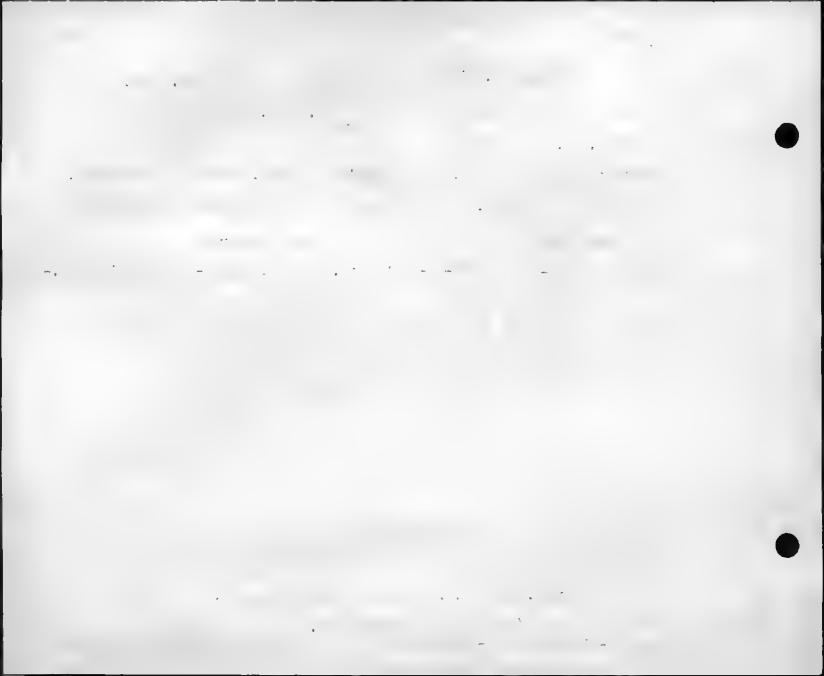
01973

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01968

4	_ ~ €			CEASED-NAME	First		Middle		Last		2o. DATE O	F DEATH		2b. HOUR
deat	funeral I and 2 er death.		(1	ype or print) W	T.T.TAM	EDW. CON	ROY					Manth	Day Year	
5	3- 5	ŀ	3 SE		4. RA			Т.	S DATE OF BI	IDTU		Feb. 21s	FUNCER 1 YEAR	IF UNDER 24 HRS
24 haurs after	he fur ges 1 after	- 1			1 " "							6. AGE (n years last birthday)	MONTHS OAYS	
~	Sa Sa	- 1	7 0	Male	75 61917	White				29th,	1895	73	YRS	
J D	S - S - S		raun	IRTHPLACE (State or foreig	n 76 (1112	EN OF WHAT COU	ITRY? 8	MARRIED D	NEVER MAR	RRIED	9. COUNTY O	F DEATH		
4	illed ig paper nin 72			Balto. Mo	1.	U USA		WIDOWED [RCED 🗍	Ba]	Ltimore		Md
_⊆			1D. C	ITY OR TOWN OF DEATH		11 NAME OF H	OSPITAL OR INSTIT	JTION (If no	t in haspital	12a USUA	L OCCUPATION	N (Kind of work d	ane 125 KIND C	OF BUSINESS OR
within	pletely filled i karban paper ent, within 72	- Bi	ጥ	owson Balto	Co	give street odd	Joseph	Hoeni	-	duting mo	as) of working	alto Pol	ice Dept	
3	arb tr	- 1	130	USUA. RESIDENCE (Where	derensed lived	if inchibitions Paci	dence before 1	2. CITY OD	TOWN	13d. INSIDE CITY LI		TREET AND NUMBER		•
Je /	we cart	つる	odmi	ssion) STATE Maryland	135	OUNTY	dence dendre							
) (ec	S S							Tows			A O	301 Yorks		
P	and memp remave n amy eve		14 1	ATHER S NAME First		Middle	fo2t	₹S.	MOTHER S MA	AIDEN NAME F	(FST	Midd	le	Last
be		I		James (onrov				Me	arv McI)onough	1		
ate	ician lease and	- 1		WAS DECEASED EVER IN U.	S. ARMED FORCE		TAL SECURITY NO	17 IN	FORMANT		CALARDO DE	Addre	55	
÷≝	2 d	- 1	Y	, ,, , , , , , , , , , , , , , , , , , ,	es give war or dates a	Service) 274	-38-8392	M ₁	e Mar	nia E	Connor	-6301 Va	rkshire	Dos - Ols
requires that the death certificate be executed	attending physician bermit. Then please an, ar remaval, and	ľ		YOS					يصنا بد	10 10	COLLEGY	<u>-0.01 10</u>	APPRO	X, MATE INTERVAL
#	e Ten	- 1		18 CAUSE OF DEATH (En	rer any ane (a CAUSED BY	use per line tar (a)), (b), and (c))			0	/		BETWEEN	ONSET AND DEATH
ed	attendi permit. an, ar r				IMEDIATE CAUSE	(o)	17011	long	1	nores	Leers			
9	by the attend transit permit cremation, ar	- 1		4109	DUE	TO, OR AS A CON	SEQUENCE OF						1 -	-7
÷	the sit p			Canditions, if any, which	gave)	(b)	in the	= -0 -	2- Co	3 ota	1 14	east 1	5	2 -
- je	by the ransit			rise to immediate cause stating the underlying c		TO, OR AS A CON	SEQUENCE OF							27/6
SS	7 TO I			last.	036	(e)								
uire	signed by burial-trar burial, cre			PART 2 OTHER SIGNIFICAL	IT CONDITIONS	ONTESE TIME TO	DEATH DUT NOT	DE: ATEN TO	TUE TEDRAINIA	I DISEASE ORG	OUDITION CIVI	THE INCOMPT. 1/-3		
ed :		- 1		THE 2 OTHER SIGNIFICAL	(COMPLICATE	OHIKIDEHINO TO	DEKIN BUT NOT	KEGATED TO	INC TERMINAL	L DISCASE OK C	ONDITION GIVE	IN IN PART I(a)		
_ ≥ 4	r the		NO.	IA DATE OF ORDER	Light									
0 2	icate has been far use as the Health priar ta		CERTIFICATION	190. DATE OF OPERATION	TAP CONDITIO	N FOR WHICH OPER	ATION WAS PERFO	RMED	20a AUTO			f yes, were findin S of Death?	IGS CONSIDERED IN	CERTIFYING
Ę į	has se a	\times I	E E						YES	NO [CAUSE	3 OF DEATH?		
AN:	ficate far us	Ì		21a ACCIDENT WAS UND		TIME OF INJURY		21c HO	N INJURY OCC	URRED (Enter	nature of inju	ry in Part 1 or Pai	rt 2, Item 18.)	
HYSICIAL	- 3-			OR CONTRIBUTING CALSE		UR A.M. Month P.M.	Day Year							
YSI	teerd been to			21d. INJURY OCCURRED		INJURY / AT HOME,	FARM, STREET, FACTOR	(1) 215 100	ATION Street	of P.F.D. No.	City	ar Tawn	County	State
PHYSIC	this certi etached Dept. a			While Not while at wark		OFF CE BU	ILDING ETC.	7 211 600	ATION JINGS	7 U K 1.D 19U.	(JI)	ai rawn	County	Stute
ည်း		- 1	- 1	of work at work	\ falsts 1 1 = 1	. 1)	1 1 1	,	7	10 (10 / 4	
	Sta	- 1	- 1	22a. I certify that (saw the deceas causes stated a) (this haspi	(al) attended t	he deceased	from	the state	19 E	ر. ta	2 - 21,	19 <u>6</u> 2, tho	it (I) (we) last
23	the section of the se	- 1		couses stated a	ea alive an hove (I) (w	- 1 (4i4) (4i4)	176	090 مرابعة. العرب معلوم العرب	tuat la fili	y) (aur) apir	nian death	accurred an th	e date and havi	and from the
OR ATTEN	DIRECTOR ge 3 shau led with th			22b. SIGNATURE	7 //	c) (bid) (did ital	y view the but	-	34111.					
OR /			ı	220 SIGNATURE	2//2 /	1///		24.1) ATTENDIN		ED.	STAFF	22c DATE SIGNED	. C
0 3	AL DII		ı	22d. PHYSICIAWS	1/1///	19-6		DEGRE	8 1113		RECTOR L	PHYS L	6 2	2 - / .
ITA	RAI Po	, 1		NAME (Turno)			_/		22e. ADDI					f
TO HOSPITAL	O FUNERAL director, pa			W VI	an K. I	long, M.				L Belai				
HOH	Ter Date		23a	BURIAL, CREMATION,	23b DATE	. 1	C NAME OF CEN				23d. LOCAT	ON (City or Tawn)	(Caunty)	(State)
200	5 p 2]	Burial Specify)	2/24/6	59	Holy Red	ieemer	Cem.		E	alto		
•	Ju all	7	24	Wish Dride Wie	lefeld l	Jome-650	O PORES I	Rd. 21	212	25a REC D BY	REGISTRAR	25b. REGISTR	ARS SIGNATURE	4 - 4 - 4
	45M - 1	\$	1.1.	T OCHOTT-WTOC	CTOLC 1		~ ~~~			DATE EB	2 6 19	169 /	contrad free	A.C.
	A									AN115		1 (/	(/	



Lassahn Funeral Home 7401 Belair Road 21236

30M REV.

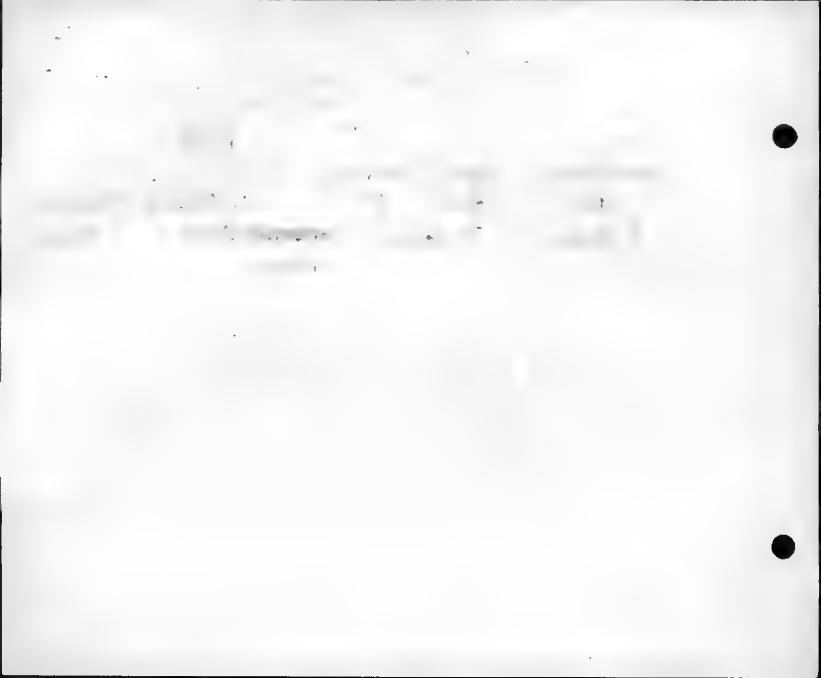
Ochonia Judge



Wm.Cook-Brooks Towson 1050 York Rd. 21204

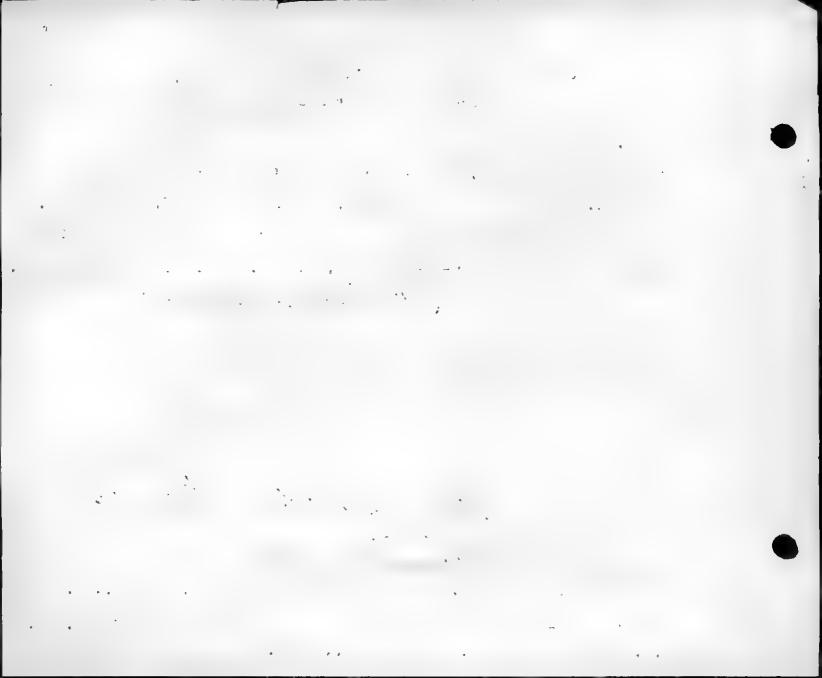


	_	1	MARYLAND STATE DEPARTMENT OF HEALTH	
_	- 1		01976 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01971	
			01976 CERTIFICATE OF DEATH	
	= −2 =		ECEASED-NAME First Middle Last 2a DATE OF DEATH 2b Hou	JR
	after death. the funeral ges I and 2 after death.	1	Type or print) Jeanette D Costauza 2 Month 11 Day 69 Year 535	Ξ,
	fur fer	3. SI	EX 14. RACE S DATE OF BIRTH 16. AGE for years 15. MEET YEAR 16. LINDER 24. M	HRS.
	the the resolution		F 10 -18-98 (ast birthday) MONTHS DAYS HOURS A	Mils
	to the second		BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	illed, in paper	10 /	ONLY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b Kind of Rusiness OR	M
	看 子 5 多 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10	CAY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of warking life, even if retired) 12 USUAL OCCUPATION (Kind of work done during mast of warking life, even if retired) 12 INDUSTRY	
	ed v	₹3a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	and compression only even		Ma Butto P IN A & EAST Dena Cour	ナ
	ding rem	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
	and in		Nicholas tratantono Taran Flynn	
	The law requires that the death certificate be executed vottending physician. In the bean signed by the attending physician and complete se as the burial-transit permit. Then please remove cark the prior to burial, cremation, or removal, and in any event,		WAS DECEASED EVER IN c.S. ARMED FORCES? fes, na, ar unknawn) (Il yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	The P		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY-	
	he death ce attending permit. Th ian, or remi		PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) TELLE U	
	afte afte an, c		4/23 DUE TO, OR AS A CONSEQUENCE OF O	_
	a site		Conditions, if any, which gove (b) (b) (b)	
	the an. ran. ren		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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	The law requires that the attending physician. has been signed by the case as the burial-transit p. It prior to burial, cremation.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
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	AN: The law re all ar attending icate has been far use as the Health priarta	CERTIFICATION	YES NO CAUSES OF DEATH?	
	IAN: al ar icate for us Healt		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)	
	TE SE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
	OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate je 3 shauld be detached far u ed with the State Dept. af Heal	ME	21d. INJURY OCCURRED While Not while of work AT HOME EARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. Na City or Town County State Cou	3
	by if ther if ther if ther to be do			ne
	A A A A A A A A A A A A A A A A A A A		22a. I certify that (I) (this haspital) attended the deceased from 2 - 3 - , 19 5 , ta 2-// - , 19 6 5 , that (I) (we) saw the deceased alive an 2 // - 19 6 2 , and that in (my) (aur) apinian death accurred on the date and have and from causes stated above, (I) (we) (did) (did+not) view the bady after death.	the
	ATTEN stained CTOR: / shauld ith the			
	OR ATTENDING be retained by th DIRECTOR: After t 10 3 shauld be de ed with the State		226 SIGNATURE SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR PHYS DIRECTOR DIRE	
	ro Hospital or attenbing Physician: The law n Page 4 may be retained by the hospital ar attending To FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to		22d PHYSICIAN'S BARBU CALIN 22e, ADDRESS St. Jorkee's Louis Ellerotte	G
	HOS ge 4 iun aulc	23a	BURIAL CREMATION. 236 DATE , 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)	
	5 5 5 P P P	1	URIAL 2/13/69 SALTO NATIONAL BALTO, MEL.	
	VR A15 MIN	24	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250 REGISTRAR'S S GNATURE	
	45M 1/16	6	5. MACNABB 21228 DATE FEB 13 1969 Johnson Judge	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01972 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE KNOWN Year (Type or Print) OF ESTI-OBERT DEATH MATED 2c DATE PRONOUNCED DEAD S. DATE OF BIRTH 7a BIRTHPLACE (Stote or foreign **76 CITIZEN OF WHAT COUNTRY?** MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Maryland USA WIDOWEDXX DIVORCED [BALTIMOR 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR give street oddress) DRPLATT during most of working life even fretired | INDUSTRY | Retired police work ESSEX Item 18 Give BLVD HOD EASTERN 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d, INSIDE CITY UM To? 13e STREET AND NUMBER deoth 13b. COUNTY BALTO ESSEX 907 YES NO P lond2 ofter 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last not known Mary Edgar Craumer hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUNTIONS. 17 INFORMANT be executed within penci Harold Patrick 907 (Yes, no, or unknown) (if yes give war or dates of service) Lutz Ave. 3226 05 iB CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) nseq 196. CONDITION FOR WHICH-OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? þe 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 1B) 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Day, Year HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d PAJURY OCCURRED 21e. PLACE OF INJURY (Al home, form, street, 21f. LOCATION Street or R F D No. City or Town (ounty State factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection . Inquiry L and in my opin an the funeral director. Suicide . Hamicide _____ death resulted_fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER TO FUNERAL DIF **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE BURIAL CREMATION LOCATION (City or Town) (County) (State) 2/10/69 **ADDRESS** 250 RECD BY REGISTRAR DATE FEB 1

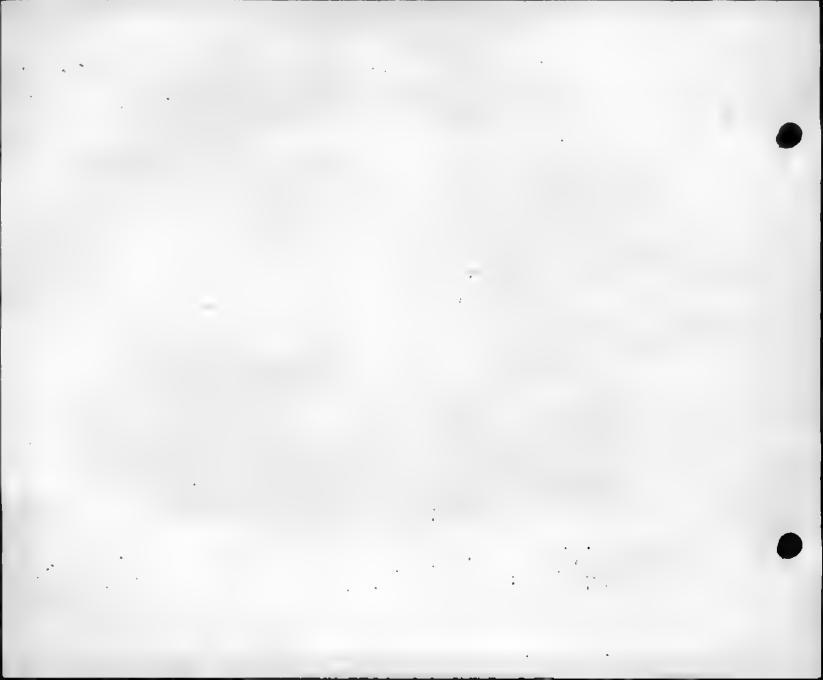




3-1	Item#15, FilmG420 1/12/70 km MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01974
eath. eath. eath.	Ttem#9a, FilmG420 VerifGERTIFICATE OF DEATH 2/70 km 1 DECEASED NAME (Type or print)
ours after death. by the funeral Pages 1 and 2	3. SEX Male 4. RACE S. DATE OF BIRTH Oct. 1, 1959 6. AGE (In years FUNDER 1 YEAR FUNDER 24 MBS MONTHS OAYS HOURS MIN.
uin 24 hours a filled in by th papers: Page thin 72 hours	70 BIRTHPLACE (State or foreign country) Maryland U.S.A. 8. MARRIED □ NEVER MARRIED ▼ 9. COUNTY OF DEATH Baltimore Md
ecuted within 24 campletely filled ave carban paper y event, within 7	10. CITY OR TOWN OF DEATH Owings Mills 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during mast of warking life, even if retired.) 12b. Kind of Business OR INDUSTRY
executed with nd campletely femave carban any event, with	13a. USUAL RESIDENCE (Where deceased hyerd, if institution: Res dence before admission) STATE Maryland COUNTY Harford Aberdeen YES NO STATE Maryland COUNTY Harford Aberdeen
be exe	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle CULVER Dorothy May BAILEY
rrificate be ex physician and en please ren aval, and in an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dolles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Rose wood Records Owings Mills, 21117
The law requires that the death ce attending physician. has been signed by the offenit. The prior to burial-transit permit. The hariar to burial, cremana, of rem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 19. Canditians, if any, which gave nise to immediate cause (a), storing the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), storing the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), storing the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), storing the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underlying cause lost. 19. Canditians, if any, which gave nise to immediate cause (a), and the underly
Page 4 may be retained by the haspital ar to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	22a. I certify that (I) (this haspital) attended the deceased from 10/4/68, 19.68, ta 2/10/, 19.69, that (I) (we) last saw the deceased alive on 19.69, and that in (my) (our) opinion death occurred an the date and hour and from the courses stated above, (I) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22d. DATE SIGNED 2
2 2 2 5 7 7 8 15 (4) 30M REV. 1768	REMY (Perly Feb. 14, 1969 Bristol Cemetery Bristol Township, Bucks Co. 24. FUNERAL DIRECTOR ADDRESS Milla, Md. DATE FEB 13 1969 FUNERAL SECRETARY SIGNATURE Penna. DATE FEB 13 1969 FUNERAL SECRETARY SIGNATURE Penna.



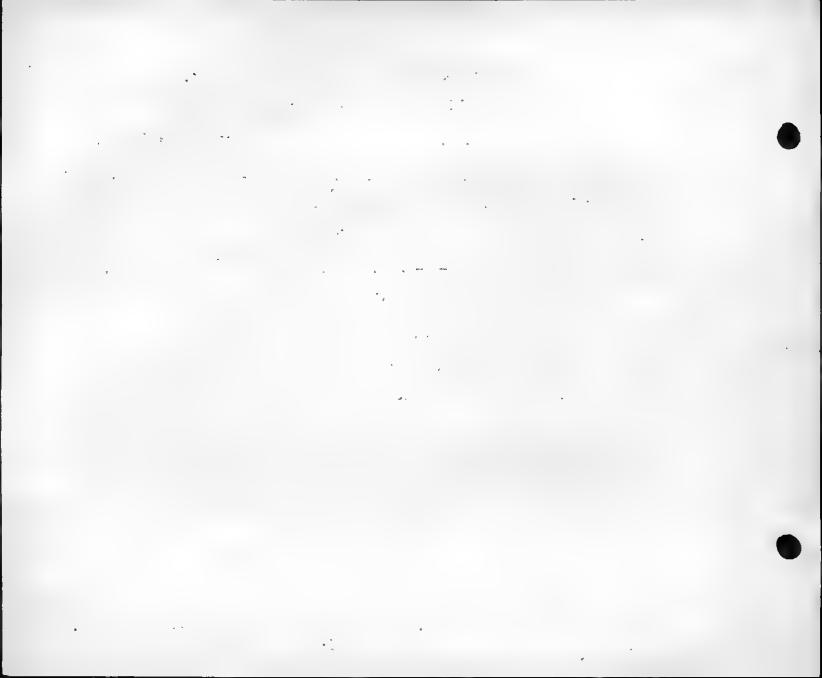
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81980 01975 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH William HEALTH DEPT. 1 DECEASED-NAME M. ddle Last 20 DATE KNOWN (Type or Print) Curran PM3. Page Begartment of DEATH MATED and 3 t 6 AGE (In years lost buthday) 54 YRS SE JADER 1 YEAR IF JNDER 24 HRS 4. RACE S. DATE OF BIRTH 3 SEX 2c. DATE PRONQUNCED DEAD HOURS 8/13/14 W M 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office olong with form U.S.A. Balto., Md. Baltimore WIDOWED [DIVORCED [7] Give Pages fond 2 with the State 10. CITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12d USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR hours after death give street address)400 S. Taylor Ave. Baltimore during most of working life, even if retired.) Kennecott 13d INSIDE CITY LIMITS? 13a USUAL RES DENCE (Where deceased lived, if Institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE Bilto. 3528 E. Fairmount Ave. Item 18. YES NO 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Edward Mary This certificate should be executed within 24 should be farworded to the Chief Medical Expaniner's pages hadirs 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** in pentil (Yes, no ar unknawn) Mrs. Anna Curran, 3528 E. Fairmount Ave. 2/2 event within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-trainsit Conditions, if any, which gave rise to immediate cause (a), the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 90 remayol, CERTIFICATION be used 95. CONDITION FOR WHICH OPERATION 19g DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES I 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A M cremation, DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At name, farm, street, 21f LOCATION Street or R.F.D. No. City of Town (ounty State factory, affice building, etc. O FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I tack charge of the remains described above, held an Inspection and in my apinian the funerol director death resulted fram: Natural causes Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TO DEPUT DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, ar county) 23a BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Holy Redeemer Baltimore, Maryland REE D. BY PEGISTRAR **FUNERAL DIRECTOR** VR ATSME (\$) Joseph N. Zannino - 263 S. Conkling St.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exacuted within 24 hours after. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by take director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pog should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours

П	OTAGI		CERTIFICATE OF DEATH		01376
	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
	(Type or print)	ANDREW HANSON DAY	HOFF	Feb. 4, 196	Year 7:45
3.	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	June 23, 18	last birthday) 82 YRS.	MONTHS DAYS HOURS MIN
70	Introl	'b citizen of what country?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
L.	Maryland	U. S. A.	WIDOWED TO DIVORCED	Baltimore Cou	nty Md.
10.	Catonsville	11 NAME OF HOSPITAL OR IN: give street oddress)	during me	AL OCCUPATION (Kind of work done ast af warking He, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
12	IISIIAI PESIDENCE (Where desected	Shadynook lived, if institution Residence before	Rittand I have blown	r-Woolen Mill	(V. J. Dickey)
ad	mission) STATE Maryland	13b COUNTY Baltimore	Received the YES NE	943 Oella Av	enue
14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F		Last
Ţ	Jnknown		Unknown		
16	o WAS DECEASED EVER IN U.S. ARMEE Yes, no, ac unknown) (11 yes give war	or dotes of survive)	NO. 17. INFORMANT EL	licott City Address Toy 943 Oella A	Md. 21043
-		213-09-6		Toy 943 Oella A	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	ane cause per line far (a), (b), and (c).			BETWEEN ONSET AND GEATH
1	IMMEDIATE	E CAUSE (a)	Arrest.		
	4//X	DUE TO, OR AS A CONSEQUENCE OF			
П	Conditions, if any, which gove) rise to immediate couse (a), ((b) Preumo	wi + 15 '		
1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
Н	last,	(1) In Flux			
			OT RELATED TO THE TERMINAL DISEASE ORC	1 1	
2	17rterios		वर ठे।० भनड ८५ वर	disease -	
CEPTIFICAT	19a DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
			21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Part 2,	Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF OFATH (If either, natify medical examiner	HOUR A.M. Month Day Yeor P.M.			
WE	21d INJURY OCCURRED 21e PL While Not while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	20 - 1 ASE, AL A / (15/6) L:	hospital) attended the decease	od from \= \d	8, to 2-4 , 19	69 , tho (1) (we) last
	saw the deceased aliv	riospilori dirended ine decedsi	19 (25), and that in (my) (our) api bady ofter death.	nion deoth accurred on the di	ote and hour and from the
	couses stored obove	(I) (we) (did) (did not) view the	bady ofter death.		
П	226 SIGNATURE	0			DATE SIGNED
L	WTha	d m	DEGREE PHYS. L D	IRECTOR PHYS.	2-5-69
	22d. PHYSICIAN'S NAME (Type)		228. ADDRESS		1
23	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial 2/8	3/1969 St. 3	Johns Cemetery	Ellicott Ci	ty, Md.
24	FUNERAL DIRECTOR	ADDRESS	Md 2Sa. REC'D B	Y REGISTRAR 1969Sb. REGISTRARS	SIGNATURAL
1	taston tiun	exal Home (Catonsville DATE	עדט ומסט יי	



MARYLAND STATE DEPARTMENT OF HEALTH 01982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01977 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2g. DATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and 2 burial, crematian, or remaval, and in any event, within 72 hours after death. 2b. HOUR The law requires that the deatheactificate be executed within 24 haurs after death 220 (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthsloy) 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country) 5 WIDOWED I DIVORCED 10. CITY OR TOWN OF DEATH OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during mast of working life, even of retired) 3d. INSIDE CITY LIMITS? 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 33e STREET AND NUMBER 13b COUNTY YES [14. FATHER'S NAME Middle 95. MOTHER'S MAIDEN NAME First Lost TIME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wat or dates of service) Yenre 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Page 4 may be retained by the haspital ar attending physician CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar to 20b IF YES, WERE 20a AUTOPSY? CAUSES OF DEATH? YES [21g ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) ottended the deceosed from 4-5-, 1968, ta 2-6-, 1969, that (I) (we) lost saw the deceosed alive an 1969, and that in (my) (our) opinion death occurred on the date and hour and from the 8-, 19 6 8, to 2 - 6 - , 19 6 4, that (1) (we) lost director, page 3 shauld shauld be filed with the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CESAR 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town 23a_BUR AL CREMATION County REMOVAU (Specify) 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Caranargh Funeral



10 HONDITAL OR ATTENDING FINSICIAM: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after Page 4 may be retained by the hospital ar attending physician.

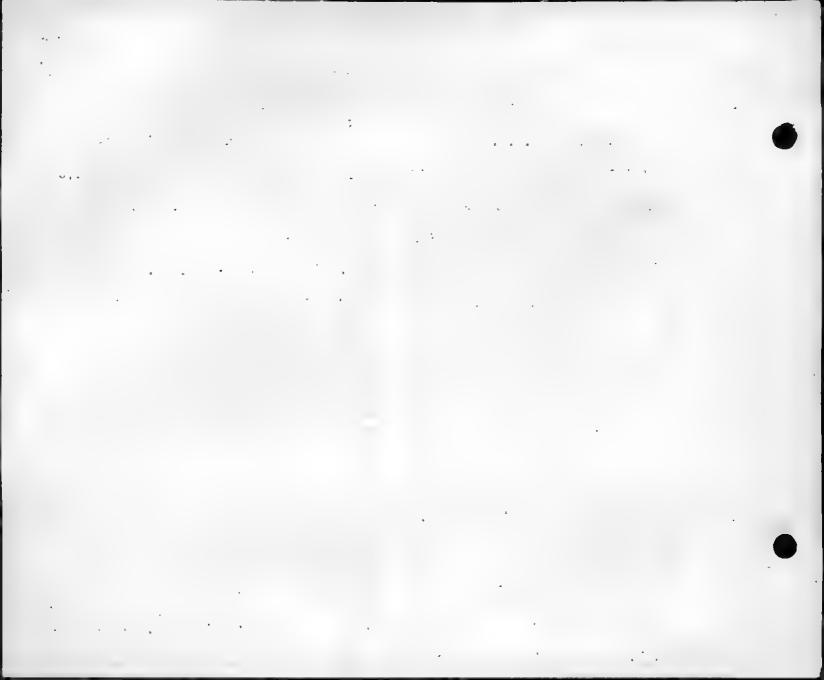
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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01983	DIAISION OF	VIIAL RECORDS,		CATE OF		MUKE, MAI	KTLAND 2120	" 0	19'	78
DECEASED-NAME (Type or print)	First .	Middle		Last	-	2a. DATE OF	DEATH	Day (a)	Vone	2b2HQUR
т. Т	OUIS		D.	ETRICE	-	2		Day 69	eat	9 a
MA LE	4 RACE WHITE			S. DATE OF FEBRUA	NRY 24,	1897	6 AGE (in year: lost) 1rthdoy)	S F JWDER MONTHS YRS.		HOURS M.H.
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIEI	D Ă NEVER MA	RRIED	9. COUNTY OF	DEATH			
MARYLAND	U.S.A.		WIDOWE		ORCED 🗌	BAI	TIMORE	Co.		Mo
O. CITY OR TOWN OF DEATH TOWSON	II. N give G I	AME OF HOSPITAL OR INS street address) REAT BAL	н) ионтитит Т. М	rot in haspital	12a USUA during mo		(Kınd af wark o life, even if retır	ed) 12b k	KIND OF BU	USINESS OR
3a USUAL RESIDENCE (Where diamission) STATE MARY LAND		tion: Residence before		OR TOWN	13d INSIDE CITY LIN	MITS? 13e STI	REET AND NUMBER	ER		
4 FATHER S NAME First	Middle	Lost	,		MAIDEN NAME FI		Midd			Last
PETER		DETRICK			MARY			SCH	AFFER	R
60. WAS DECEASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECURITY N		INFORMANT			Addre			
Yes po prunknown) (If ye	s give war or dates of service)	217 03 84	92 M	RS. VI	GINA DE	TRICK	1422 E.	JOPPA	ROAL	
Conditions, if any, which one to immediate cause stating the underlying colost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	AUSED BY: MEDIATE CAUSE {a} DUE TO, OR (a), (a), DUE TO, OR (c) TO CONDITIONS CONTRIBUTION FOR WITH	LEAKING AS A CONSEQUENCE OF UTING TO DEATH BUT NO HICH OPERATION WAS PER	AOR'	TO THE TERMIN	OPSY?	ONDITION GIVE	N IN PART I(a) YES, WERE FINDI OF DEATH?			ET AND DEATH
<u>2/21/69</u>		Aortic A				. .				
(if either, natify medical e	DEDEATH HOUR A.M. P.M.	Month Doy Year					ry in Part 1 or Pa	art 2, Item 18.)		
While Nat while at work		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town	County	•	Stote
22o. I certify that () saw the decease causes stated a) (this hospital) at ed alive on Feb bove, (I) (we)(did)	ended the decease ruary 22 www.view the l	ody afte	2/21 nd that in (i r death.	, 19_6 ny) (&67) opir	9, to nion death (2/22 occurred on th	, 19 <u>69</u> 1e date ond	, that (hour ar	f) (MP) las
22b SIGNATURE Rhasid	eve	М	8;8 Sde	111725	ال ال	ED. RECTOR	STAFF PHYS	22c DATE SIG 2/2;	NED 2 /69)
	R. VASUE		; B			CHAR	LES ST	. 21	204	
230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/25/69	PROSPEC				TOWSON	BALTO.	CO., M	ARYL	(State)
24. FUNERAL DIRECTOR WM. E. JOHNSON	N 8521 LOCH	ADDRESS I RAVEN BLV	D. 21	204	PEB DATE	REGISTRAR 196	S9 2Sb. REGIST	TRAR'S SIGNATU	RE	R.



		MARYLAND STATE DEPARTMENT OF HEALTH	
*	_	01984 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1979
/		Tank of the second of the seco	
£ 225		DECEASED-NAME First (Type or print) AHALIE (MULLIE) DIHICK 20. DATE OF DEATH Month Doy 15	2b, HOUR
8	3. SE		YEAR IF UNIOER 24 HRS.
	3. 31	July - 8-1895 lost birthdoy) ANNINS	DAYS HOURS MIN
n by		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTO.	
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executed within 24 hours after death. To completely filled in by the tanged grade corbon papers. Pages and 2 any event, within 72 hours offen about	13o. odm	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before UT3c CITY OR TOWN rmission) STATE M.C. 13b. COUNTY Pacts YES NO 904 N. Back	is St
1	14.	FATHER'S NAME First Middle Seibert 15. MOTHER'S MAIDEN NAME First Middle Seibert ?	Lost
sicore pleas	160. Y	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles of service) 215-01-7670 mis. ann. Smith 1311 Rong	irew Che
that the death certifi an. by the ottending phy tronsit permit. Then cremation, or remova	-	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL ETWEEN DISET AND GEATH
ath ndin or re		PART I. DEATH WAS CAUSED BY ARTERIOS CLEROTIC (. U. DISTAST	5 VHS
offe on, c		4124 DUE TO, OR AS A CONSEQUENCE OF	•
sit h		Conditions, if ony, which gave (b).	
tho an. by ron cren		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires that the physican. signed by the burial-transit burial-transit burial, crematic		lost. (t)	
AN: The law requires of or ottending physic ricate hos been signed for use as the burial. Health priar to burial,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
The law re ottending hos been se os the th priar to	15	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING
he last A	CERTIFICATION	YES NO CAUSES OF DEATH?	
or or or use or use			
YSICIAN: Ospital or certificate hed for unit, of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year F. M. 19	
PHYSICI ne hospiti this certif etached Dept. of	WE.	21d IN.JRY OCCURRED While Not while of work 1	y Stote
ING Dy 11 ter oe d	П	22a. I certify that (I) (this haspital) attended the deceased from, 19, 102, 19, 19, 19	, that (1) (we) last
TENDING ined by th OR: After ould be d		saw the deceased olive on19 6 9, and that in (my) (our) opinion death occurred on the date and causes stated abave((1) (we) (did) (did nat) view the bady after death	hour and from the
OR ATTENION DE retained DIRECTOR: A pe 3 should ed with the		22bystonature, ATTENDING MED. STAFF 22c DATE & GI	NED 69
TO HOSPITAL OR ATTENDING PH. Page 4 may be retained by the hor FUNERAL DIRECTOR: After this director, page 3 should be detacted by the state of the should be detacted by the state of the		22d PHYS CIAN S NAME (Type) DIR DEN WALIN HIGHSTEIN 22e ADDRESS 121 S. HIGHLAND AVE	
OSPI NET INET	22-	22 CARIAL CRIMAT ON 225 DATE 23 NAME OF CEMETERY OF CREMATORY , 234 DOCATION (CITY OF TOWN)	ty) (Stote)
TO HOSPITAL Page 4 moy TO FUNERAL i director, pag should be fill	2,30	Behoval (Specify) Feb. 10-1969 Ballimore Cemelery Ballimore	Med.
VR A15 (AF)	24, 7	Flyneral Director A. Heffman 3218 Isladem St. Dafe FB 10 1969	leedge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01980 CERTIFICATE OF DEATH Middle last DECEASED-NAME First 20 DATE OF DEATH 2b HOUR Month 21 Day 69 Year (Type or print) 8:25PM RALPH HENDERSON DORSETT 4. RACE S DATE OF BIRTH EF UNDFR I YEAR IF UNDER 24 HRS 6. AGF (In years 2-7-14 last birthday) CAU. MALE 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [XNEVER MARRIED [] BALTIMORE CO. IISA WIDOWED [DIVORCED [77 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress Gr.Balto.Medical Cent during master war ung life, even if etired) Towson, Md. 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Balto. odmission) STATE Md. Balto. 7825 Clarksworth Place 14. FATHER'S NAME Middle First Lost 1S. MOTHER'S MAIDEN NAME First Henry Grady Dorsett Sankey Henderson 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknown) 215-24-6452 Mrs. Bervl T. Dorsett (Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ___ MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) FOLLOWED BY CARDIAC ARREST rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X 2-4-69 YES [HIATUS HERNIA 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 1969 22a. I certify that (1) (this haspital) attended the deceased from Feb. 2, 1969, theb. 21, 1969, that (1) (we) last saw the deceased alive on Feb. 21, 1969 and that in (my) (aur) apinion decth occurred on the date and hour and from the Feb. 2 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE charles St. 22e. ADDRESS 6701 N. 22d. PHYSICIAN'S NAME (Type) MAHMOUD I. MANSOUR G-B-M-C-Towson. Md. 21204 230. BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Parkwood Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR . Ruck, Inc. Balto. Md. 21214 DATE B 2 4 19 2Sb. REGISTRAR S SIGNATURE

director, page 3 should be detache should be filed with the State Dept. O FUNERAL DIRECTOR: After 30M REV.

signed by the ottending physicion and completety-filled in by the University permit. Then please remove carbon papers. Pages buriol, cremation, ar removal, and in any event, within 72 hours often

er this certificate has been si e detached for use as the bi ate Dept. of Health prior to bi

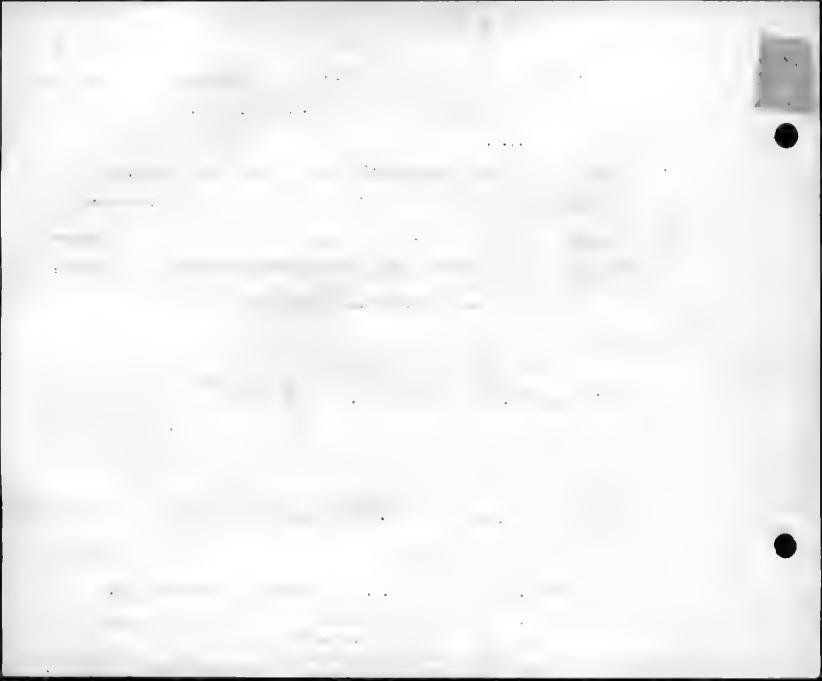
Page 4 may be retained by the hospital or attending

requires that the death certificate be executed within 24 hours offer

3. SEX

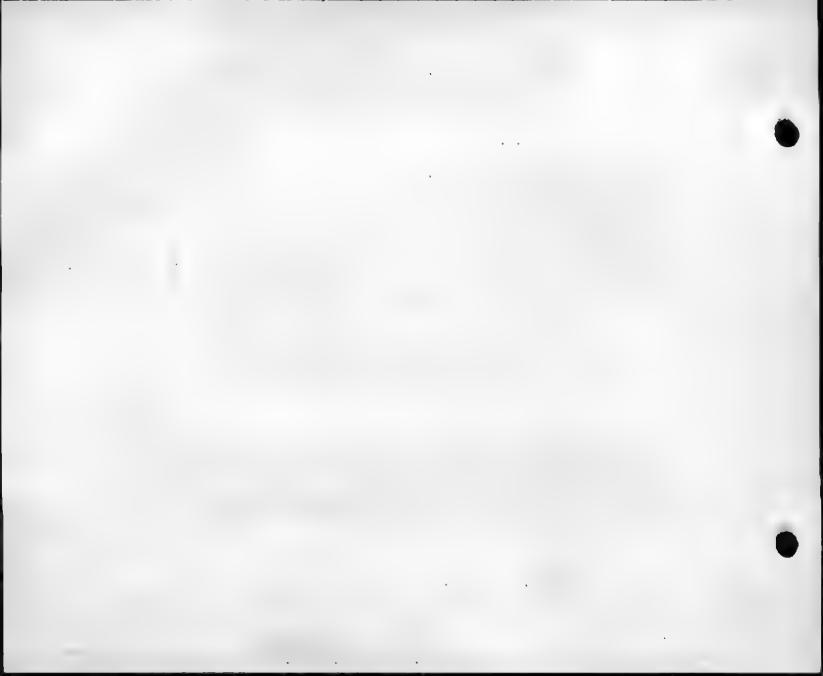
country C

7 × 3 6 8)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01982 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20 DATE OF DEATH 2b HOUR signed by the ottending physicial and completely filled in by the funeral, burial-tronsit permit. Then please remove corbon popers. Poges I and 2 burial, cremation, or removal, and in any event, within 72 hours after death. The low requires that the death certificate be executed within 24 hours after death. (Type or print) JESSE VI. DUNGAN 5. DATE OF BIRTH 6/11/92 3. SEX 4. RACE IF JNDER 1 YEAR 6. AGE (In years MALE WHITE last birthday) 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) WIDOWED [BALTIMORE COUNTY. U.S.A. DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done we street oddress) HOSP. FT HOWARD The MACH IN IST FORT HOWARD 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before | 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Jab COUNTY 11h E. Fort Avenue BALTILORE Eirst 15 MOTHER'S MAIDEN NAME First Midd.e 14. FATHER'S NAME Lost JOHN DUNGAN MARGARET THOMPSON 166. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, paranunknown) | (wee give your or dates of service) 216 07 22 39 CLIN.RECORDS, VA HOSP. FT HOWARD, AD. 18. CAUSE OF DEATH (Enter only one couse per l'ne for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY:
TORAR PINT BETWEEN ONSET AND DEATH LOBAR PNEUMONIA, LEFT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CEREBRAL VASCULAR ACCIDENT, OLD 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION 20d AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESSI 3 should be detached for use with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I **certify** that (It (this haspital) attended the deceased fram 1/19/69, 19, to 2/4/69 saw the deceased alive an 2/4/69, and that in (19/19) (our) apinion death accurred ____, and that in (FA) (our) apinian death accurred an the date and have and from the causes stated abave (1) (we) (did) (except) view the bady after death 22c DATE SIGNED 2/4/69 ATTENDING MED DIRECTOR STAFE March States DEGREE director, poge should be filed 22e ADDRESS VAH FORT HOWARD, MARYLAND 22d. PHYSICIAN'S NAME (Type) PETER V. JUVAN. M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b DATE 23g BURIAL, CREMATION, (County) (Stote) BLMOVAL (Specify) 2 7 GLEN BURNIE, MARYLAND GLEN HAVEN MC COLLY FUNERAL HO 25° REC'D BY REGISTRAR
12h E. FORT AVE. BALLEVIE 6 24. FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE James Judge

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth dertificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely-filled in by the funerol director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, an in a≡y event, within 72 hours of the dept.

CERTIFICATE OF DEATH

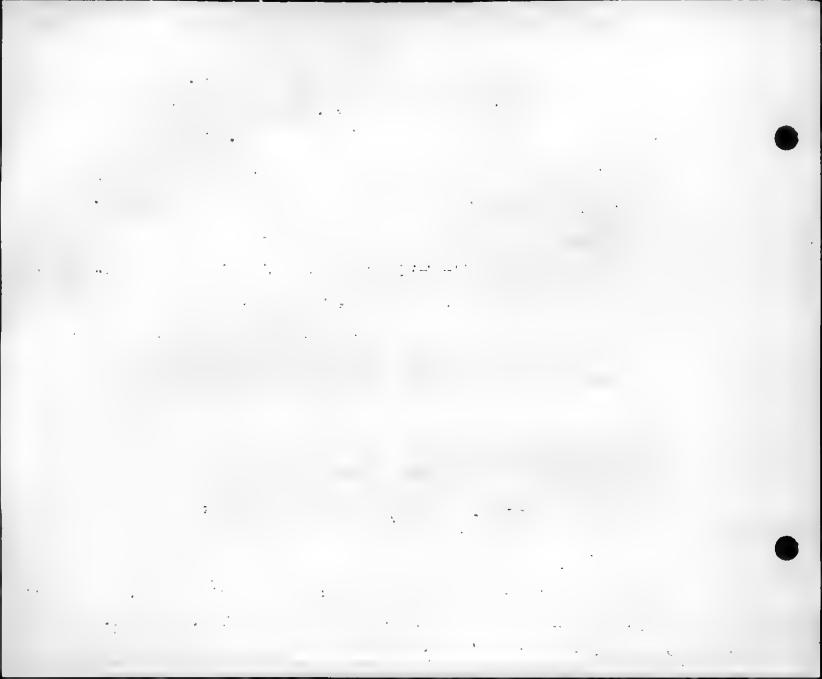
erol Sad 2	2		ECEASED NAME First Type or print) Mario	Middle L. Eberling	Lost	20. DATE	OF OEATH Month Day	2b. HOUR
ges 1		3. S		4. RACE W	S. DATE OF BIRTH	32 - 05		IF UNDER 1 YEAR 1F LINDER 24 HRS ONTHS DAYS HOURS MIN
oers. Po			BIRTHPLACE (State or fareign ntry)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIE WIDOWED DIVORCEI			Md.
ely-filled bon pap			CITY OR TOWN OF DEATH Rakkey Arbutus	give street oddress) 2013 Sulphi	NSTITUTION (If not in hospital IF Spring Rd		ON (Kind of work done ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
and completely- remove carbon	- 10 A 10	adm	nission) STATE Md.	sed lived, if institution. Residence before 13b. COUNTY Balto.	Arbutus Y	ES □ NO □k 2	STREET AND NUMBER 013 Sulphur	Spring Rd
se rem	/		FATHER'S NAME First	Middle Lost Ebert	15. MOTHER'S MAIDE	EN NAME First	Middle	Last
physicio en pleo	Š		WAS DECEASED EVER IN U.S. ARM Yes, no or unknown) (15 yes give w	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY 214-20-2		Eberling,	Address 2013 Sulphur	
anding phy nit. Then			PART I. DEATH WAS CAUSE	oly one couse per line far (o), (b), and (i) D BY ATE CAUSE (o)		imbos	· j	BETWEEN ONSET AND DEATH
by the attending physicion and completel transit permit. Then please remove carbonates are sometimes of the posterior of transitions are sometimes.			Canditions, if ony, which gave) rise to immediate cause (o).	(b) 17 Fear	clestic Can	dwarul	ai Justas	3 years
signed by the burial-tronsit	יוסו',		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O				
E 0 5		NOI	Trase	NOTIONS CONTRIBUTING TO DEATH BUT	- ; C	steppone	n 0' n	neralised
ficate has been for use as the Health prior to	2	CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS	YES 🔲	NO CAU	SES OF DEATH?	
-	200	MEDICAL C	OR CONTRIBUTING CAUSE OF OFAT	TH HOUR A.M. Month Doy Yearner) P.M.	r 19	•	njury in Port 1 or Port 2, Ite	
r this certi detached	1 Cap	~		PLACE OF INJURY (AT HOME, FARM, STREET, I GHERLE BUILDING, ETC.)			ity or Town	County State
OR: Afte ould be			TOTAL THE REFERENCE A	ilive an	. 17 Juzzala, Gilla iliai ili ilii ili	(our) opinion deat	h occurred an the date	that (I) (we) last and have and fram the
DIRECTO Je 3 sho	200		22b SIGNATURE Um (al Ebelin	MEGREE PHYS	MED DIRECTOR	STAFF -	TE SIGNED 2-11-69
2 8 8 8	- I	L	22d. PHYSICIAN'S NAME (Type) Dr.	Ebeling	22e. ADDRES	St. Paul		non Med. Bldg
director,	one C	L			F CEMETERY OR CREMATORY Ion Park Comete	ry Bal	TION (City or Tawn) timore, Md.	(Caunty) (State)
VR A1 30M REV	5 1 1	24 V1	tzko, 4101 Edmo	ondson Ave., 21229		EEE DEV 3EGISTAN	9 29 OGURAN	CHAINCELEE



uter within 24 hours offer death.

TO HOSPITAL OF ATTENDING FINYSICIAN: The law requires that the Beath certificate be exerped. It may be retained by the hospital or attending physician.

		01990	DIVISION OF VITA		03 W. PRESTON STI RTIFICATE OF		E, MARYLAND 21201	019	985
		CEASED-NAME First		Middle	Lost	20	DATE OF DEATH		2b. HOUR
	(1)	ype or print) WALT	ER CLYDE	EKIN	Sr		Feb. 26.1969	Year	1.30 PM
	3. SE	X	4. RACE		S. DATE OF BI	RTH	6. AGE (În yeors	IF UNDER 1 YEAR	IF JHDER 24 HRS
- }		Male	White		Oct.1	9,1874	last birthday) 94. YRS.	MONTHS DAYS	HOURS MIN
	7o. B	IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT O	OUNTRY? 8	MARRIED X NEVER MAR	RIED 9. CO	UNTY OF DEATH		
-	caun	ry) Penna	USA			KED 🗍 B	altimore		Md.
ı		ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL OR INSTI	TUTION (If not in hospital	120 USUAL OCC	UPATION (Kind of work done	12b KIND OF	BUSINESS OR
		Catonsville	give street	oddress) Glenmere	Ave	during most of Retire	working life, even if retired.) d B&O R R	Audit	or
3	130.	USUAL RESIDENCE (Where deceo	sed lived, if institution: F	Residence befare	3c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER		
1	admi	ssion) STATE	13b COUNTY Baltin	sore	Catonsville	AEZ AO	214 Glenmore	,Ave	
		ATHER'S NAME First	Middle	Last		AIDEN NAME First	Middle		Lost
		Unknown			1	Unknown			
ı		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b.	SOCIAL SECURITY NO			Address		
ı	1	es, no, ar unknawn) (If yes give t	70	05-07-433	4 Alice F.	Ekin,214	Glenmore Ave.	Catonsv	illa, Md
		18. CAUSE OF DEATH (Enter or	nly one cause per line for	r (o), (b), and (c).)				APPROXIA BETWEEN OF	NATE INTERVAL NSET AND DEATH
1		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	macsin	is heart	Lalene		3 20	24/2
		4124	DUE TO, OR AS A	CONSEQUENCE OF		1			
- 1		Conditions, if any, which gave)	Litera	alentic co	- demonste	ular discuss	1 40	7
- 1		rise to immediate cause (o), stating the underlying couse(DUE TO OR ICA					V	
		last.	(c)						
		PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(0)		
	CERTIFICATION	19g. DATE OF OPERATION 19b.	. CONDITION FOR WHICH O	APPRATION WAS PERF	ORMED 20o. AUTO	ry2q	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
5	FICA				YES		CAUSES OF DEATH?		
٠.	CERT	210 ACCIDENT WAS UNDERLYII	NG 21b, TIME OF INJU	JRY			re af injury in Part 1 or Port 2,	Item 18.\	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Me	onth Day Year		territe ferrite ridio	10 of thioty to tool 2,		
- [MEDICAL	(If either, natify medical exami		OME, FARM, STREET, FACTO	RY.) 21f. LOCATION Street	et or RED. No.	City or Town	County	State
4		***************************************	OFFIC	CE BUILDING, ETC.	,			,	•
1		at work at work 22a certify that (1) (th	nis hospital) attends	d the decensed	from 1955	- 19	to 4-08-21 19	68 that	(I) (ma) last
		saw the deceased a	live on Feb	2.619	69, and that in (m	y) (eur) opinion	, ta <u>Feb 26</u> , 19 death occurred on the da	te and haur	and from the
		causes stated above	e, (I) (2006) (did) (did	net) view the bo	idy ofter deoth.	,,,,,			
1		22b. SIGNATURE	1 12	_ 1	SI ATTENDI	NG CT MAFD	C STAFF -	DATE SIGNED	0.
1		former	Trust of	77. 1	DEGREE PHYS.	DIRECTO	OR L PHYS L ~	-27-6	7
/		22d PHYSISIAN'S NAME (Type) JOHN	A. NESBIT	T,JR	22e. ADC	9 Frader	ich R. Bal	time :	Tul-
	23a		DATE	23c. NAME OF CE	METERY OR CREMATORY	23d	LOCATION (City or Tawn)	(County)	(Stote)
		REWOLD 3-1	1-1969	Good Sh	nepherd		Ellicott City,		
)	24.	funeral director iginbothom-Sla	ale Bernand	ADDRESS.	icott City 1	25a REC'D BY REG	ISTRAR 25b REGISTRAR'S		Ŧ
PA I	H	iginbothem-Sla	ck runeral	HAIRE & BILL.	TOOOO OTOJ9,	DATEMAR	3 1969 mlin	Mar Paco	Last



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First DECEASED-NAME Middle 20 DATE KNOWN Month (Type or Print) ESTI-ÖF AYLORD with the State Department of 4107 DEATH MATED 4 RACE AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX PK3 last birthday) HOURS 0 7a. BIRTHPLACE (State or foreign MARRIED THEVER MARRIED 9. COUNTY OF DEATH olong with form-Dayton, Ohio DIVORCED [USA WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 24 hours ofter death 11 during most of warking life, even if retired.)
Secretary INDUSTRY 2130 Southland Road Baltimore 130 USUAL RESIDENCE (Where deceased lived, flinstitution, Residence before 13c CITY OR TOWN 3d WASIDE CITY JIM TS7 13e STREET AND NUMBER 13h (Baltimore NO 🔀 2130 Southland Road #7 Baltimore Office o and? after 14. FATHER'S NAME Middle First Last 15. MOTHER'S MAIDEN NAME Middle Last Eugene Gavlord Young hours b⊪ges | \subseteq should be forwarded to the Chief Medical Exominer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS in pencil (Yes, no, ar unknown) 90-20-8242 Ross A. Elliott-2130 Southland Road File APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) be executed pending PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol-tmnsit Canditians, if any, which gave rise to immediate couse (a). This certificate should the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 remayol, be used 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗀 5 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 1B) 3 shoud MEDICAL PRIMARY TO OR CONTRIBUTING TO HOUR & M DICAL EXAMINER: cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. Na. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK the funeral director. Page FUNITAL MITTOR: P 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry [Z] Inspection Z and in my opinion Notural couses 4 deoth resulted from Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ' ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER 5 moy | O FUNI **EXAMINER'S** NAME (Type) ADDRESS(Street, city, fown, or county) 230. BURIAL CREMAT ON 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Cremation 2-10-69 Loudon Park Cemeterv Baltimore, Maryland 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR VR A15ME (5) Marion Armacost-4600 Liberty Hghts, Ave

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectled-within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01987

~z		ECEASED-NAME	First		Middle		Lost	20. DATE OF			2b. HOUR
1 and 2 er death.		(ype or print)	Sarah		E.		sby	Feb	Month 1 Day	1707	3 A M
ges 1 after	3 51			4. RACE		1	ATE OF BIRTH		6. AGE (In years last berthaay) 120. 80 YRS.	MONTHS DAYS	1F JAIDER 24 HRS. HOURS MIN
Pages urs afte		'emale		White			ar 6,1888				
papers. Pag hin 72 hours o	70. cou	BIRTHPLACE (State) Tymout	e ar tareign	7b. CITIZEN OF WHAT C	OUNTRY?	^{d.} Married ☐ N Widowed 🔀	EVER MARRIED DIVORCED	9. COUNTY OF	imore		
1 a 2 c	10.0	TYMOUT	n, Pa.	USA III MAME	OF HOSPITAL OR INS		1		(Kind of work done	126 KIND OF	Md.
\$ E &		Baltim	ore	give street	3 Oak A	venue	during m	osi otworking At Hom	life, even if retired.) E	INDUSTRY	DOSITES OR
cton and compretely ease remain carbot and in any event, wi	13a odm Vi 2	USUAL RESIDENC Ission) STATE Ervland	E (Where deceas	ed lived of institution:		13c, CITY OR TOW Balto			REET AND NUMBER 13 Oak Av	enue	
D D D D		FATHER'S NAME	First	M:ddle	Lost	1S. MO	THER'S MAIDEN NAME F	irst	Middle	· · · · · · · · · · · · · · · · · · ·	Lost
din a			John_		wards					Davis	
9 9 9	lóg.	WAS DECEASED	EVER IN U.S. ARA		SOCIAL SECURITY N			2012	Address	2126	
en p		es, na, ar unknav NO	,,,,	1 1	10-10-24	OSD JOE	in C. Elsby				MATE INTERVAL
offending physicion and constraint. Then please remain, or remaval, and in any in			DEATH (Enter on	ly one cause per line fo			100	relro	esocular deny	BETWEEN O	MSET AND DEATH
offendi permit. ian, or r		ÞAKT LUI		ITE CAUSE (a) CON	elsal i	schemi	or and	acc	dent	5	h RS
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by the ransit cremati		rise to immed	iote cause (a), ((b) COL	elral.	on pen	of alexand	00		-	7/2)
■gned by the burial-transit burial, cremati		stating the un lost.	derlying cause	DUE TO, UK AS A	1 everal	used .	su feciera	cleur	vo .	Seg.	rs ?
uria			SIGNIFICANT CON	IDITIONS CONTRIBUTING			TERMINAL DISEASE OR			-/-	
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cate has been i ar use as the l Health priar to l	CAT.ON	19a. DATE OF OF	ERATION 19b	CONDITION FOR WHICH (PERATION WAS PER	FORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN C	RTIFYING
두 X 두 😾	CERTIFICAT.				· ·		YES NO E	J .			
=-=	MEDICAL CE	OR CONTRIBUTION	WAS UNDERLYING ☐ CAUSE OF DEAT y medical exami	H HOUR A.M. M	onth Doy Year		NJURY OCCURRED (Ente	r noture of inju	ry in Part 1 or Part 2,	Item 18)	
rer this certificate e detached far us tate Dept. af Healt	WE	21d. INJURY Of While Not at work	CCURRED 21e. while work	PLACE OF INJURY (AT H	HOME, FARM, STREET, FAC TE BUHLDING, FFS	TORY.) 21f. LOCATI	ON Street or R.F.D. No	r. City	ar Tawn	County	Stote
		22o. I certif	fy thot((1)) th	is hospital) attenda	ed the deceose	d from	AN 193	6 , to F	EB	65, tho	(IV (we) lost
CTOR: After should be (ith the Stat		saw th	220. I certify that (1) (this hospital) attended the deceased from 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death.								
		22b. SIGNATURE	april.	ad Os	Lami	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF 22c.	DATE SIGNED	1565
o Funeral Dire director, page 3 shauld be filed w		22d. PHYSICIAN NAME (Typ	15 H - (-	FERALD (Oster	Mi	22a ADDRESS	ester	form Ro	ad b	Boek
	230	BUR AL, CREMA	TION, 23b.		23c. NAME OF	EMETERY OR CREA		23d LOCATIO	ON (City or Tawn)	(County)	(State)
5 € €		BEALIA HALE		4-1969			Cemeterv	Balti	more, Ma		med
VR A15 (N) A	24	FUNERAL DIRECT		, 46.	O O SEDRESS	rty Klas	2So. RECD E	BY REGISTRAR	2Sb REGISTRAR S	SIGNATURE	
30M REV THE	1/	ration	wen	scort B	alt 212	0)	DATEB	4 196	9 yellon	Dy may	hec 1



MARYLAND STATE DEPARTMENT OF HEALTH



executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by to director, page 3 should be detached for use as the burial-trans t permit. Then please remave carban papers. Pag∋should be tiled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, withi≡ 72 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01989

4			-	-1/11111	AIL OF DEATH					
1.	DECEASED-NAME (Type or print) Raymo	First	Middle	Fair	Lost	20. DATE OF	DEATH D Month	Doy 12	Yeor 60	2b. HOUR
1	SEX	4. RACE	Ξ.	Larr.		re				
3.	Male	Whi:	te		Dec. 26,	1894	6. AGE (In years last by thooy)	MONTHS YRS		HOURS MIN
70	o. BIRTHPLACE (Stote or foreign Maryland	75 CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MAKKIED	9. COUNTY OF Balt	imore			M
))	Catonsville	55	ME OF HOSPITAL OR INSTI FINE GROVE				(Kind of work do life even if retire maker		KIND OF BUUSTRY	USINESS OR
00	o LSUAL RESIDENCE (Where	Howard	on Residence before	13c CITY OR Elkří	dge e YES X NO	□ 191	REET AND NUMBER O Loudon	Aven	ůe	
- 14	FATHER'S NAME FIRST Samuel	Middle E	losi Fair	115	MOTHER'S MAIDEN NAME F Agnes		M:ddle ' ger	В		Lost
Ì	60. WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO		NFORMANT		Addres			Md
-	THE CAUSE OF DEATH (EA	MMEDIATE CAUSE (a)	ougestiv	0	art faile	ir 13f1 url	0 Midway		APPROX MA	KVILLE ATE INTERVAL SET AND DEATH
	Conditions, if any which rise to immediate causi stating the underlying clost.	gove) (b)	SA CONSEQUENCE OF S A CONSEQUENCE OF	ries	left lun	4			day	0
TION	Alatie.	NT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR WH	e cardi	2 62	THE TERMINAL DISEASE ORC	caea		ics consiner	Yen PER IN CER	ZJ.
CEDTICICATION			,		YES NO 🔀	CAUSES	OF DEATH?			TIETING
ANEDSCAS CE	OR CONTRIBUTING CAUSE	or DEATH HOUR A.M. examiner) P.M.	Month Day Year 19		OW INJURY OCCURRED (Enter	noture of injur	y in Port 1 or Port	t 2, Item IB.)	
44	While Not while at work		OFFICE BUILDING, ETC.	1	CATION Street or R.F.D. No.	City	ar Town	Count	ſΥ	Stote
	saw the deceas	(this haspital) atte sed afive an above, (I) (we) (did) (19	69 and	10 - 10 - 5319 d that in (my) (our) opid death.	, to nian deoth a	ccurred an the	19 <u>69</u> dote and	, that (I haur ar	(1) (we) las
	22b. SIGNATURE	iental	broj	DEGR	D CARRA 33	ED. RECTOR	STAFF PHYS	22c. DATE SIG	NED / 2/1	69
	22d PHYSICIAN'S NAME (Type) DR.	JUAN A. PER	ez-BAlba	A	220 ADDRESS Spring	Pere J	tate 2	Longe	tal	
23	BURIAL, CREMATION, REBUT (Specify)	23b. DATE 2-15-1969	23c NAME OF CE Meadow	metery or ridge	Memorial 1Pa	23d LOCAT O	N (City or Town)	Howa	ird	(State) Md.
2.4	a Fillional Bincoton		1DDDCCC			v amayadaya i				

DATE .

Howard H. Hubbard 4107 Wilkens Ave. 21229



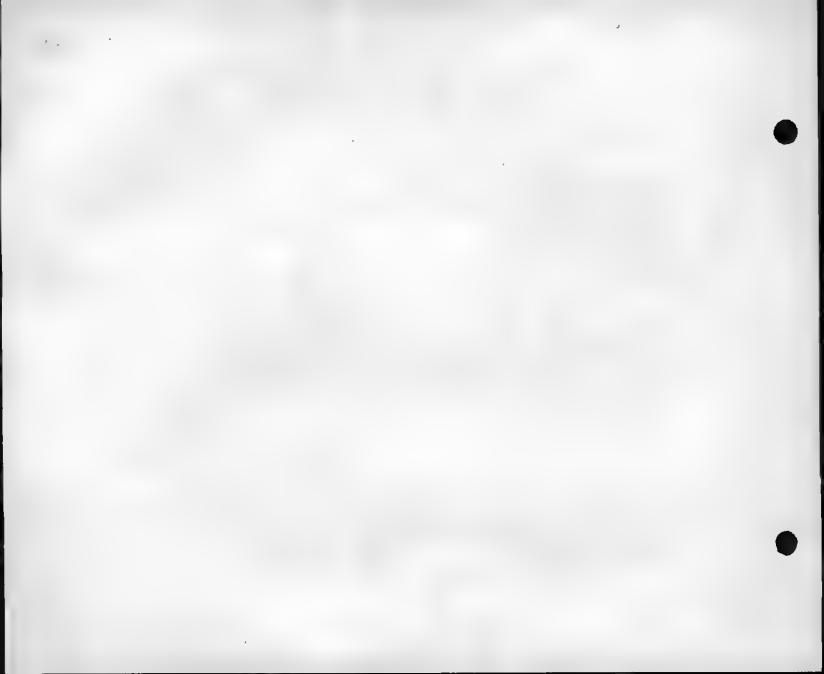
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81995 01890 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b HOUR death (Type or print) P CHARLOTTE FARLEY February 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (n years F . NDER 1 YEAR lost_buthday) HOURS 1893 FEMALE OCTOBER 4. WHITE 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH executed within 24 ho country) U.S.A. BALTIMORE. WIDOWED [DIVORCED [7] and in ony event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR sician and completely fi please remove corban give street oddress) during most of working life, even if retired) INDUSTRY Towson St. Joseph Hospital
130 USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c (TY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER BALTTHORE 100 Fair Meadow Rd. #2113 PHOENIX 14. FATHER'S NAME S MOTHER'S MAIDEN NAME First Middle Lost Wm. Patterson Smyth Agnes signed by the attending physician burial-transit permit. Then please tiffente 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, wyunknawn) burial, cremation, or removal, 217 05 1846B Dorothy E. Wrightson 11 Fair Meadow Rd. APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY:

Myocardial Infarction BETWEEN ONSET AND DEATH The low requires that the death IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a). ottending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been s ise os the b th prior to b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detached for use should be filed with the State Dept. of Health p YES 🗍 NO K O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED AT HOME, FARM STREET FACTORY, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark of work 22a. I certify that 以 (this haspital) attended the deceased framEebruary 11, 1969, taEebruary 1, 4969, that (序 (we) ast saw the deceased alive an February 18, 1969, and that in (故以 (our) apinion death occurred an the date and haur and from the causes stated above, (青 (we) (did) (did pot) view the body after death. TO FUNERAL DIRECTOR: After 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE February 19, 1969 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 7620 York Road Lorna G. Gaudiel. M.D. T.wson. Md. #21204 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE 23d LOCATION (City or Tawn) (County) (State) Buria Dulaney Valley Mem. Gardens Timonium Balto. 24 FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd.

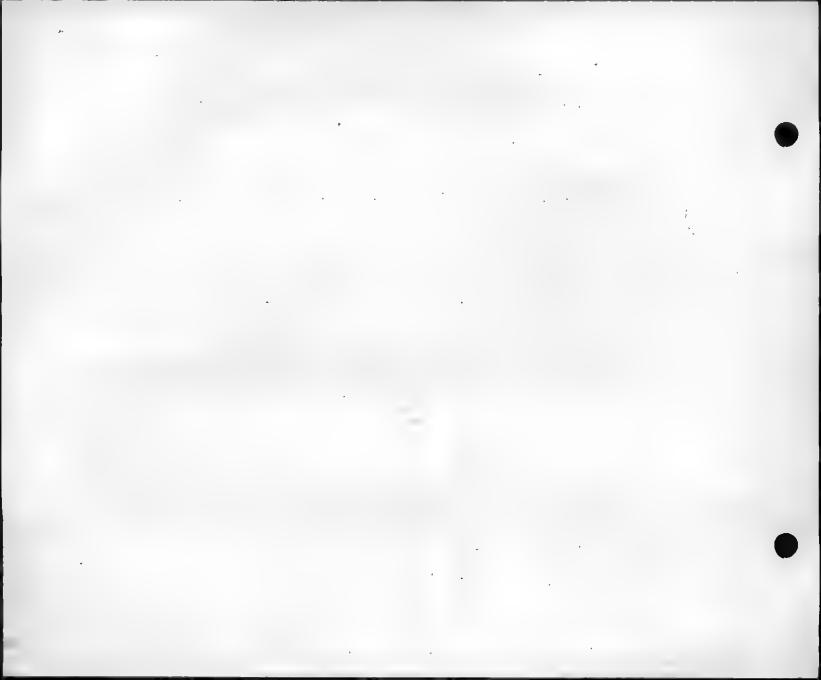




MARYLAND STATE DEPARTMENT OF HEALTH 01997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2g. DATE OF DEATH god completely filled in by the Tuneral removes carbon popers. Poges: -1, and 2 in correcting after death 2b. HOUR 24 hours after death (Type or pont) 25 MZL 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last birthday) MONTHS 2-15-80 7o. BIRTHPLACE (State or fore-gn 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Ireland WIDOWED L DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital requires that the death certificate be executed within 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR in any event, with give street oddress) during most of work ng life, even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY , M TS? 13e STREET AND NUMBER odmission) STATE 14 FATHER S NAME IS MOTHERS MAIDEN NAME FIRST Middle Lost Middle Last attending physician permit. Then pleose **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, ar unknawn) Honold 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ardia e arrest IMMEDIATE CAUSE (a) Candifions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (i) (this hospital) attended the deceased fram 2-17-, 1964, ta 2-28, 1969, that (I) (we) last sow the deceased ative on 2/25/69, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death 22b SIGNATURE STAFF DEGREE 22d. PHYSICIAN'S 22e ADDRESS ELIU-A. FELIPE MD NAME (Type) SPRING-GROUF STATE HOSPITAL 23a BURIAL, CREMATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT_ON (City or Town) VR A15 (4) 45M - 1/69 DATE MAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01993 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME 20 DATE KAME Doy Yeor Frederick (Type or Print) OF DEATH MATED 75 M IF LINDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD AGE (In years 2d. HOUR and MIN. 11 aut 1900 Year To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form country) Troy DIVORCED N. Y. WIDOWED IISA DALTIMORE Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done This certificate should be executed within 24 hours ofter deoth 12b KIND OF BUSINESS OR give_street oddress during most of working life, even if retired.) INDUSTRY Baltimore County Dowling Circle 21234 .30. USUA. RESIDENCE (Where deceased lived, if institution Residence before 135-CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 1 and 2 with 3b COUNTY tem ofter 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME Mary Bean Frederick Fisher hours be forwarded to the Chief Medical Exominer's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? in pencil 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes no, or unknown) (If yes give war or dates of service) 220-09-3022 Elsie M. Fisher (Wife) 듄 APPROX-MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) permit BETWEEN DISET AND DEATH pending PART I DEATH WAS CAUSED BY thern andet IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 50 sema + sever used 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 NO T 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should the funeral director. Page 4 should SICAL EXAMINER: PRIMARY TOR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R F.D. No. City or Town County State 5 moy be retained for your O FUNERAL DIRECTOR: Page 3 Health prior to buriol, crem factory, office building, etc.) WHILE AT WORK AT WORK Inspection 127 Inquiry and in my apinion Natural causes Accident . Suicide . death resulted from Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. necessary, O DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 7527/3 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial New Cathedral Cemetery Baltimore. 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 5209 York Rd. Balto. Md.2121 VR A15ME (5)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers-Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

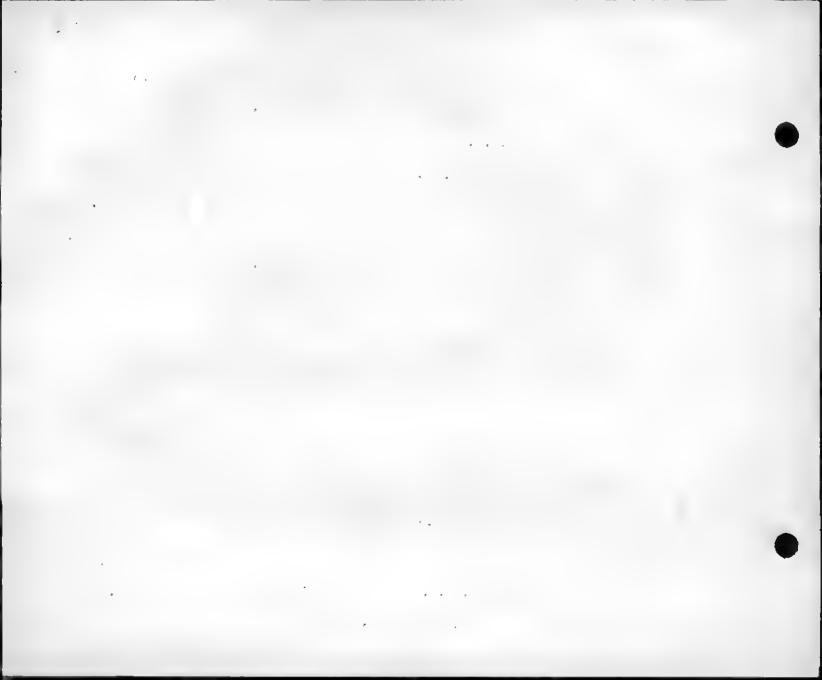
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific

Poge 4 moy be retained by the hospital or attending physician.

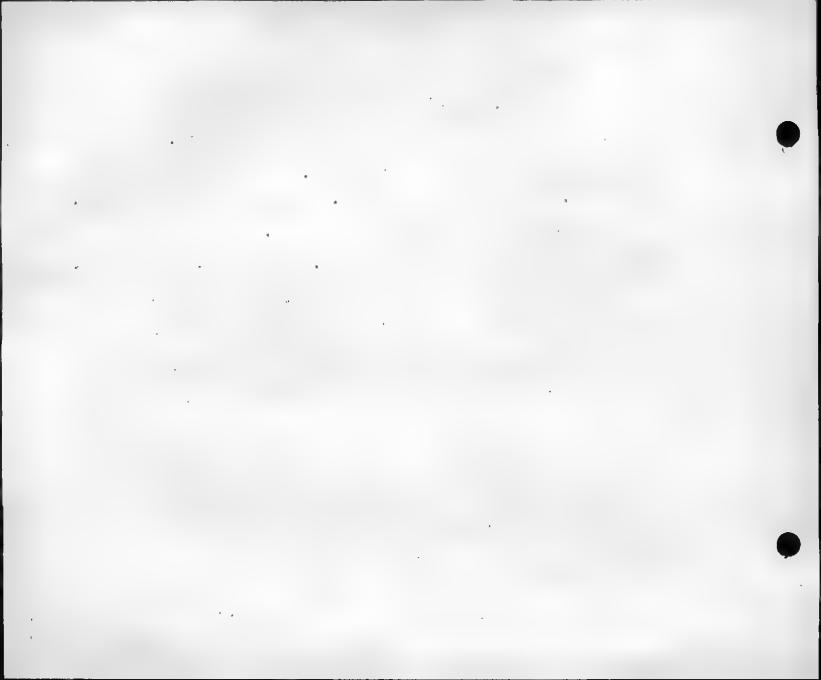
ate be executed within 24 hours after death.

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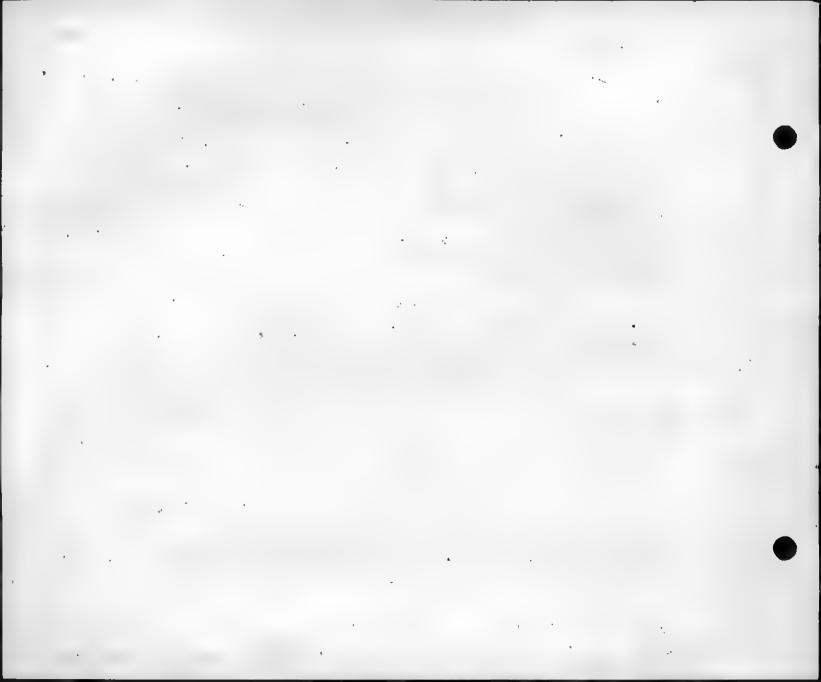
	01999			CERTIF	ICATE OF	DEATH			0100	WE.
	DECEASED-NAME Type or print)	First	Middle		Lost		20. DATE OF DEATH		u - News	2b. HOUR
`		ROBERT	EMORY	F	ISHPAW		FEBRUARI	-	1969	11:15
3. 5	EX	4 RACE			S DATE OF E	IRTH	6 A	GE (In years	F JINDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
L.,	MALE		HITE				1900	68 YRS.	WDM1H2 NW12	HUURS W.N
7a,	BIRTHPLACE (State or fi	oreign 75. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MA	RRIED 9.	COUNTY OF DEAT			
(00	MARYLAI			WIDOW		RCED [BALTIMO	RE,		Md
	CITY OR TOWN OF DEAT	gıv			SPITAL		OCCUPATION (Kind of working life, e Nex		125 K ND OF INDUSTRY Farm	BUSINESS OR
130	USUAL RESIDENCE (Wh	ere deceased lived, if instit	ution Residence before	13c. CITY	OR TOWN	13d INSIDE CITY L M TS	13e STREET A			
ouni	nission) STATE MARYTANI	136, COUNTY BALT	IMORE	Timor	nium	YES NO X	15 SA	TIIM W	AVE. #2	1093
14	FATHER'S NAME FO	rst M.ddle	Last		IS MOTHERS N	AIDEN NAME Fist		Middle		Lost
	Ro	bert	Fishpa	W		Anna			Ber	ry
160	WAS DECEASED EVER I	N U S ARMED FORCES? (If yes give wor or dates of service)	166 SOCIAL SECURITY		7 INFORMANT	-		Address		
	Yes, No or unknown)	(175-181-181-181-181-181-181-181-181-181-18	215-32-08	85	Mrs. Ac	la Fishpa	.w .S	Same as	# 13 E	
	Canditions, if any, for use to immediate constraing the underlyings?	IMMEDIATE CAUSE (o) DUE TO, OF puse (a), (b) ng couse (c) (c)	A CU TE AS A CONSEQUENCE OF	my	10ean	lial S	Infare	tion	BETWEEN O	MATE INTERVAL MSET ANG GEATH
NO	PART 2 OTHER SIGNI	FICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR COND	DITION GIVEN IN P	ART 1(o)		
FICAT	190 DATE OF OPERATION	N 196, CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	2Do. AUTo		20b IF YES, V CAUSES OF DI		CONSIDERED IN CI	RTIFY NG
DICAL CERT:	210 ACCIDENT WAS I OR CONTRIBUTING (If either, notify med	AUSE OF DEATH HOUR A.M	Month Day Year		HOW INJURY OC	CURRED (Enter no	ture of injury in P	art 1 or Port 2,	Item 18)	
MED	21d INJURY OCCURRE While Not while at work of work	D 21e, PLACE OF INJURY	AT HOME FARM STREET, FAC OFFICE BUILDING, ETC.	TORY) 21f	LOCATION Stre		City or To		County	State
	22a I certify the saw the dec causes state	it (I) (this haspital) at eased alive an Feb ed above, (I) (we) (aid	tended the decease ruary 23. I (aid not) view the	ed from 3 9_ 69 , a bady afte	Robruar; ind that in (n er death.	7 18 19 69 1y) (our) opinia	, to Febru n death occuri	ed on the do	_69 , that ate and hour	(l) (we) last and from the
	22b. SIGNATURE	Jame Pun	salan	DE	GREE PHYS	DIREC	TOR STAF	f ppr	DATE SIGNED 2-24-6	9
	22d. PHYSICIAN'S NAME (Type)	/ Jaime Punzal	on, M.D.		22e. ADI 76	RESS 20 York	Road, To	wson, M	d. 2120	4
	BURIA., CREMATION, REMOVAL (Specify) Burial	23b DATE 2-26-69	23c NAME OF		or (REMATORY ethodist		Butler	r or Town)	(County) Mar	(Stote)
	FUNERAL DIRECTOR		ADDRESS			2So RECD BY RE	GISTRAR 2	Sb REGISTRAR S	SIGNATURE	
√m.	· Cook-Bro	oks Towson,	Inc. Towso	n, Mo	1. 21204	DEEB 2	6 1969	Oller	Pay Jeedy	JE.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED: NAME Eirst Middle 20 DATE KNOWN Month 2b. HOUR Yeor (Type or Print) ESTI-OF Page Susie o. 169 lanarv DEATH MATED 30 and 2 with the State Department 4 RACE AGE (In years IF JNDER 24 HRS 3 SEX S DATE OF BIRTH 18 8 2c DATE PRONOUNCED DEAD 2d HOUR and HOURS PM3. last birthday) Doy Year Female Feb. 1981 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Iteym 18. Give Pages 1, ice along with form country) Va. USA WIDOWED TIJ DIVORCED [Balto. Md. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12a LSUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Dundalk Plainfield Rd. 3d INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased liyed, if institution Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER Md. admission) STATE 135 COUNTY Baltol 1523 Filbert St. YES NO after 14. FATHER S NAME Lost IS MOTHER'S MAIDEN NAME Shoupe Unk. perfell in I safind haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes not or unknown) 1523 Filbert Mrs. Monka St. Ele APPROXIMATE INTERVAwithin 18. CAUSE OF DEATH (Enter only one couse per ligo for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO, OR AS ACCONSEQUENCE OF Canditions, Larly, which gove rise to immediate cause (a), This certificate should certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN THE ART 1101 o remayal, pe nseq CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION 2D AJTOPSY? WAS PERFORMED? YES (shauld be 210 EXTERNAL CAUSE WAS 2tc HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY Month, Day, Year 3 should HOUR A.M. PRIMARY OR CONTRIBUTING ਤ DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED - 21e - PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town Caunty Stole foctory, office building, etc.) WHILE NOT WHILE AT WORK burial, may be retained far FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinian death resulted from: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAT 226. DATE-SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city town, or county 50 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) (State) REMOVAL (Specify) Comstery AKUda Meadowardere Noward Co. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 4200 tenning lan



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01996 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b HOUR (Type or print) SARAH Wouth 3 death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 haurs after death and and completely filled in by the funeral FRADKIN DORA FEB 3. SEX 4. RACE AGE (In years IF JADER 24 HRS S DATE OF BIRTH IF UNDER 1 YEAR last b rthday) OAYS MONTHS HOURS STIAW 750 2,191 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 50 WIDOWED 1 DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10, CITY OR TOWN ON DEATH 12a BSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress during most of working life; even if retired.) INDUSTRY Balta Harronny & and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIAR TS? admission) 13b. COUNTY YES [physician and control on please remove 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle BERMAN BERMAN MUEL 8.551E 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN Address Yes no or unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, FRADKIN LINDA 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ied far use as the b t. af Health priar to b TO FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 by the hospital ar 21e ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from.... 17 - 2 -, 19 68, to saw the deceased alive on.... shauld 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR STAFF PHYS. DEGREE director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Son INC 9610 Revoteration DATMAR



18822a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH

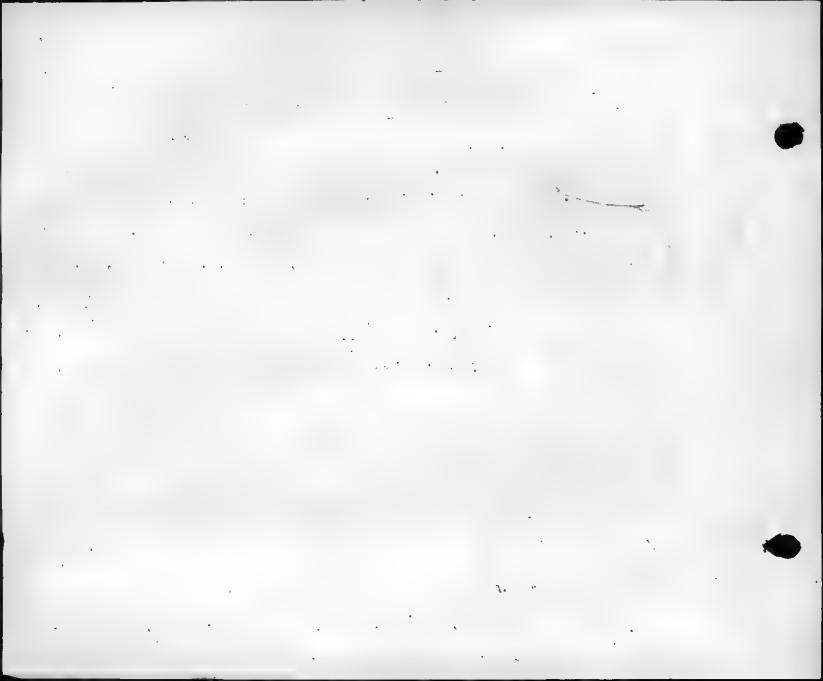
1 1 1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02003 CERTIFICATE OF DEATH 01998 DECEASED NAME First and 2 death. Mrddle Last 2a. DATE OF DEATH 2b HOUR The law requires that the death certificate be executed within 24 haurs after death completely/filled in by the funeral nave carbon papers. Pages I and wevent, within 72 hours after deat (Type or print) FEBRUARY ANTHONY FRANKLIN 3. SEX 4. RACE 5 DATE OF BIRTH F UNCER I YEAR 6 AGE (In years IF UNDER 24 HRS. last birthday) MONTHS HOURS 9/16/07 MALE NEGRO 61 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED KI NEVER MARRIED 9. COUNTY OF DEATH country)
VIRGINIA crematian, ar remaval, and in any event, within 72 U.S.A. WIDOWED | DIVORCED [7] BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 125. K NO OF BUSINESS OR g ve street oddress)
VETERANS ADMIN. HOSPITAL during mast of working life, even if retired) INDUSTRY FORT HOWARD JANITOR STEEL 13a USUAL RESIDENCE (Where deceased ved, if institution Residence before 13d. INSIGE CITY LIMITS? 13c CITY OR TOWN 3e STREET AND NUMBER HALTIMORE YES X NO the attending physician and form BALTIMORE CHESTNUT STREET 14 FATHER'S NAME First Middle Last 15 MOTHERS MADEN NAME First Middle Last **OSCAR** FRANKLIN HEDDY **JONES** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) (4 yes give war or dates of service) 218 07 69 48 CLINICAL RECORDS, VAH. FT. WWII APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter any ane cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BETWEEN ONSFT AND GEATH UNKNOWN CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, fany, which gave) ARTERIOSCLEROTIC HEART DISEASE UNKNONW rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed L PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending ifter this certificate has been be detached far use as the State Dept, af Health priar ta DIABETES MELLITUS CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that \$0 (this haspital) attended the deceased from FEB. 18, 1969, to FEB. 22, 1969, that \$\$\text{this haspital}\$ attended the deceased from FEB. 18, 1969, to FEB. 22, 1969, that \$\$\text{this haspital}\$ attended the deceased from FEB. saw the deceased alive an FEB. 22 1969, and that in base) (aur) apinion death accurred on the date and hour and from the director, page 3 should should be filed with the S causes stated above, ** (we) (did) (** view the bady after death. 226 SIGNATURE 22c DATE SIGNED STAFF 2 22 69 DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS ELSA M. GORIS, M. D. NAME (Type) VAH, FT. HOWARD, MD. 230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ar Tawn) (Caunty) (State) BURTAL MARYLAND BALTIMORE NATIONAL CEMETERY BALITIMORE 250 REC'D BY REGISTRAR DATE FEB 2 8 COLLICK FUNERAL HOME ELNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE Elianter 2431 E. OLLIVER ST

BATITIMORE, MD

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02005 CERTIFICATE OF DEATH 2n. DATE OF DEATH Last DECEASED-NAME

	(Type or print) BEATR	ICE	R.		GANN		FI	EBRUA	Ry Month	24. Day	1969°°	10	A.M
	3. SEX	4. RACE			S. DATE OF BI	RTH			. AGE (In	years	IF UNICER ? YEAR	IF UNDER	
	FEMALE	(U HITE		FEBRUA	RY 12	19	10	last birth	day) YRS.	MONTHS DAYS	Hours	M.M.
		7b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIE	D 💢 NEVER MAR	RIED	9. CO I	UNTY OF D	EATH				
Z	BALTIMORE, MD.	u.s.	Α.	WIDOWE		CED 🔲		BALT	IMORI	E			Md
⊑ [10. CITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN	STITUTION (If not in haspital	120	USUAL OCC	UPATION (I	Kind of wi	ark dane	12b. KIND OF		OR
300	COCKEYSVILLE		street address) BATON_FARM	. FAI	LS ROAD	durin	"HOUS	ewite E	e, even it	refired.)	AT H	OME	
	13a. USJAL RESIDENCE (Where decease	ed lived, if Institut	on Residence before			13d INSIDE	CITY LIMITS?	13e STRE	ET AND N	JMBER			
å 1	admission) STATE MARY LAND	13b COUNTY B	ALTIMORE	COCKE	YSVILLE	YES 🗌	NO 🗍	ALBA	TON	FARM.	FALLS	ROAL)
<u> </u>	14. FATHER S NAME First	Middle	Last		15 MOTHERS MA	AIDEN NAM	NE First			Middle		tost	
Ě	JOSEPH		ROSENE	AUM			ANNA				SAPPE	RST	EIN
Š	16a. WAS DECFASED EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO.	7 INFORMANT					Address			
, val	Yes, na, or unknown) (14 yes give w	rar or dates al service)	216-28-72	94 [OR. MARK	E. (SANN,	FALL	S RD	COCI			
Ë	18. CAUSE OF DEATH (Enter an	ly one cause per li	ne for (a), (b) and (c))		,	.01		/		BETWEEN O	hate inter NSET and C	

DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? NO T YES 🗔 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC County State 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION Street or RFD No. City or Town While Not white at wark

22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS PHYSICIAN* 6911 PARK HEIGHTS AVENUE JOSEPH B. GROSS 23c NAME OF CEMETERY OR CREMATORY BETH TFILOH 23d LOCATION (City or Town)
BALTIMORE, MARYLAND (Stote) 23a, BURIAL CREMATION 23b DATE 2-25-69 25b. REGISTRAR'S FROM TORE CO.

ADDRESS FUNERAL DIRECTOR REISTERSTOWN ROAD LEVINSON & BROS ..

executed within 24 haurs after death.

physician and completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers.

director, page 3 should be detached far use as the burial-transit pem should be filed with the State Dept. of Health prrar to burial, cremation,

Б

FENDING PHYSICIAN: The law requires that the death certificate ba

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

92000

2b. HOUR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02883

3. 5	(T) SE)	RXXX Fem. IRTHPLACE (State or foreign 7)	Harve	Middle Y	Garn	lost er		2o. DAT	E OF DEATH Month	Doy 1 Q	Year	2ь. Н	
3. 5	SEX	C RXXX Fem. IRTHPLACE (State or foreign 7)	4 RACE	<u>y</u>	Garn	er			Month	Doy	Year	22.2	COD
	. Bi	RXXX Fem. IRTHPLACE (State or fareign 7)	4 RACE	· J	Getti				/		1969	186-	30
<u>_</u>	ยก1	IRTHPLACE (State or foreign 7)	Can			S. DATE OF B	IRTH		6 AGE (In years	IF.	JMDER 1 YEAR	IF UNDER	24 HRS
1	ยก1	IRTHPLACE (State or foreign 7)				8/3	0/92		lost_bythday)	YRS. MOI	NTHS DAYS	HOURS	MN
1/6.	ยก1		b. CITIZEN OF WHAT CO		8	X NEVER MAI		9. COUNTY	OF DEATH	(PP)			
COL		1ry) 37 in minio	USA		WIDOWED	*vest*	RCED		Baltimore				
10		Virginia	0.0	HOSPITAL OR INST					ON (Kind of work d	one I	12b. KIND O	BITCHICCC	no no
			give street of	iddress)		not in trospitor			king life, even if retire		NDUSTRY Own		
		atonnville USUAL RESIDENCE (Where deceased		Sedgley		D TOMB	13d INSIDE C TY		e. STREET AND NUMBER		Own	поц	1e
		TATE (mount	L voi COLINTY			sville			same a		11		
	_	Md Md									11		
/ 114.		ATHER'S NAME First	Middle	Last		IS. MOTHER'S M			Middl	0		Lost	
\perp		<u> William Perrov</u>				El	Ia Wa	lker					
160	o. Ye	WAS DECEASED EVER IN U.S. ARMED	or rintes of senare)	OCIAL SECURITY N		INFORMANT			Addre	-			
	Ī	es, na, ar unknawn) (If yes give war o NO	21'	7-58-43	06	Welford	d E. C	arne	r Same as	# 13			
	I	18. CAUSE OF DEATH (Enter only	ane cause per line for	(o), (b), ond (c).)		•	ĵ					imate interv Onset and di	
	.	PART 1. DEATH WAS CAUSED E	BY: CAUSE (o)		لللا	سيسيه	_				Ce	لنسين	L 1
		4114	DUE TO, OR AS A C	ONSEQUENCE OF		-10		dh a					4
		Canditions, if any, which gove	(b)		aut	بضرعين	بنشار	السائل	C-C)			- Er-un	
		nise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF				-					
		lost.	(d)		0	in					سمنا	hi.	_
	Ì	PART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING 1	O DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART 1(a)				
١	.]								**				
CERTIFICATION		19a, DATE OF OPERATION 19b, CO	NDITION FOR WHICH OF	ERATION WAS PER	FORMED	20a AUTO	PSY?	20	b. IF YES, WERE FINDIN	IGS CONS	IDERED IN	CERTIFYING	;
<u> </u>						YES [NO Ji	(C	NUSES OF DEATH?				
겍뚩		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	RY	21c.				injury in Port 1 or Pa	rt 2. Iten	18)		
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mo	nth Doy Year		1411 1170111 04	contro (citt	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		., ., .,			
MEDICAL		(If either, notify medical examiner 21d INJURY OCCURRED 21e. Pt		NE FARM STREET FACT	DPY \$ 214	OCATION Stre	at or DED. No		City or Town	-	aunty	C)	tate
		Trime Indiantine	ACE OF INJURY (AT HO	BUILDING, ETC.	211.	OCATION SITE	RECOUNT OF THE	J.	City or Idwii	,	durily	.31	ule
		at work at wark	1 5 6 4 1	tot to	1.6	10 A V H	5 10.4	P 46 40	9 / 16	10 /	ماد ھ	. /15 /	3 1
	1	22a. I certify that (I) (this saw the deceased aliv	haspital) aftender	the decease	d from_	nd that in (m	<u></u>	unian dae	th occurred on th	, 17 <u>6-</u> o dato	, tho	T (I) (We	e) las
	١	causes stated abave,	(I) (seek(did) (did	view the	adv after	death.	ıà) (zenek rih	illian aec	illi acconea dii ili	e dure	ana navi	unu mu	111 111
	1	22b. SIGNATURE	1) (24(00)(00)		,					22c. DAT	E SIGNED		
	1	Curs	Kary	- 1	DEC	REE PHYS	NG 🔯	MED. DIRECTOR	STAFF D	2	- / 19	16)
.	ı	22d. PHYSICIAN S	2	4 97		22e. ADI	DRESS				, , ,		
		NAME (Type) CLIFF	RATLI	FF,3	2	40	EOS	& DM	ENDSON	A	U.S.	Bak	4
230	a.	BURIAL, CREMATION, 23b. DA	TE	23c. NAME OF C	EMETERY O	R CREMATORY		23d. LO	CATION (City or Tawn)	{	County)	(Stote)	
		DESIGNATION OF S	2/21/69	Lorrai	ne Pa	ark			Voodlawn,				

TO FUNERAL DIRECTOR: After this certificate has been signed by the enternating pllymician bad confoletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (1)

and completely filled in by the funeral remave carban papers. Pages 1 and 2

be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

24. FUNERAL DIRECTOR Cook-Brooks West Inc Balt. Md. 21228

ADDRESS

250 REC'D BY REGISTRAR 1969



02007

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02002

	l l			4=1	CITI I CONTILL OF				
			1	Middle	Lost		20. DATE OF DEATH		2b. HOUR
ond Bed	{	Ype or print) CHARLI	ES CO	NNER	GAUSE		FEBRUARY 23	1969	5:20PM
9 e	3. SE	Х	4 RACE				6. AGE (In years	IF UNDER I YEAR	IF JNDER 24 HRS
9,0	1	Male	White		11/	25/94	last birthday)		HOURS MIN,
a g	7a E	BIRTHPLACE (State or foreign 7b	CITIZEN OF WHAT COUNT	TRY? 8.	AARRIED IX KNEVER M	ARRIED	9. COUNTY OF DEATH		
ers.	CONU	Delaware	U.S.A.	W	IDOWED DIV		Bal	timore,	Md
g ei	10 C	ITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL OR INSTITU	TION (If nat in haspita	12a USUA	L OCCUPATION (Kind of work do	ne 12b KIND OF	BUSINESS OR
事を行う	Fo	ort Howard	l give street addr Veteran	ess) as Admin:	istration	HORDITE	ost of working life, even if retire		anking
a to	130	bespecial and annual annual	lived, if institution, Resid	ence before 13c	CITY OR TOWN	13d. INSIDE CITY LII	MITS? 130 STREET AND NUMBER		auking.
20	admi	ssion) STATE Maryland	3b. COUNTY	R	ltimore	YES NO	□ 3569 4th S	treet	
EE			Middle	Last		MAIDEN NAME F	nrst Middle	8	Last
0 S /L		Percy	Gause			Ren	tie	Conner	
7-20-1		WAS DECEASED EVER IN U.S ARMED	FORCES? 16b. SOC		17. INFORMANT	- LV-A			
<u></u>	ľ		rdotes of service) T 기억	1-10-07h	Med Red	norde V	AH Fort House	d Manuela	- d
Ther			one couse per line for (a)	(b), and (c))		 		APPROXI	MATE INTERVAL
<u> </u>	П	PART I. DEATH WAS CAUSED B	Y. OTT		NGESTIVE	HEART FA	TIJIRE		
m, a			C. 100- (-)			ALLE MALES ALL	.120101	120111	ш
주.본 교		Canditians, if any, which cave)			EROTTC HE	ART DISE	ASE	VEAD	Q
emi		rise to immediate cause (o),	(-)			12 1-16 3/3/3/2		LIMIT	<u> </u>
<u> </u>		last.	,						
ë ë		PART 2. OTHER SIGNIFICANT CONDIT	117	DEATH BUT NOT R	ELATED TO THE TERMI	INAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)		
	٠,,								
ž į	ATIO	19a. DATE OF OPERATION 19b CO	NDITION FOR WHICH OPER/	ATION WAS PERFOR	MED 200 AL	JTOPSY?		IGS CONSIDERED IN C	ERTIFYING
2	TIFIC				YES		CAUSES OF DEATH?		
eath		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY	OCCURRED (Enter	noture of injury in Port 1 or Par	† 2, Item 18.)	
	ICAL								
pt.		21d IN.URY OCCURRED 21e Pi			1 21f. LOCATION S	treet ar R.F.D. No	City or Town	County	Stote
De		While Not while at work	fortice 60	LUNG EIC	'				
tate		22a I certify that XIX (this	haspital) ottended t	he deceased_f	rom Januar	ry 2, 19	69 , to February 2	319 <u>69</u> , that	x(H) (we) las
5 5 S G		saw the deceased aliv	e on Féb. 23	169	and that in	(Dry) (our) opi	nion death occurred on the	e date and hour	and from the
± +			Mr. (we) (did) paramon) view the bod	y offer death.			CO DATE CLOVED	
v ≥		220 SIGNATURE Q/. (lata 1			IDING M	ED CTAFE		
e de de		204 DINEIGIANIC	mayue.		, , , , ,		IRECTOR - PHYS XEX	2/23/69	
be be		NAME (Type) VADHA	NA CHITRAPL	EE. M.D.			AT. FORTH HOWART	MADVIA	T)
00	220					·			(State)
sha	230	REMOVAL (Specify)	11/11/11					, ,,	(algie)
^			(B		TONAT Cen	250 RECD B	Y REGISTRAR 25b. REGISTR		
WR AT THE	1	HIM I Kum	Sono		oad,	MAR	3 1969	3 "	%:4 C
	director, page 3 should be defacthed for use as the burial-transit permit. Then please remaya carban papers. Pages and the should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any eyent, within 72 haurs after Death.	director, page 3 should be detached for use as the burial-transit permit. Then please removed corban papers. Pages pand should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any eyent, within 72 haurs office deem should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any eyent, within 72 haurs office, deem should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any eyent and the state of the corporation of	(Type or print) (Type	(Type or print) CHARLES COI 3 SEX Male Male White To BIRTHPLACE (State ar fareign Country) Delaware 10 CITY OR TOWN OF DEATH FOT HOWARD 130 dSUAL RESIDENCE (Where deceased live), if institution. Residentially admission) STATE Maryland 14. FATHER'S NAME First Middle Percy Gause 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause 190 DUE TO, OR AS A CONSTIDENT OF CONTRIBUTING TO INTERPRETATION 191 DATE OF OPERATION 192 DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION 195 CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 210. ACCIDENT WAS UNDERTYING CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 210. ACCIDENT WAS UNDERTYING CONTRIBUTING CONTRIBUTING TO INTERPRETATION 195 CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 210. ACCIDENT WAS UNDERTYING CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 211. ACCIDENT WAS UNDERTYING CONTRIBUTING CONTRIBUTING TO INTERPRETATION 212. ACCIDENT WAS UNDERTYING CONTRIBUTING CONTRIBUTING TO INTERPRETATION 213. THE CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 214. ACCIDENT WAS UNDERTYING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	Type or print) CHARLES CONNER A RACE Male M	(Type or print) CHARLES CONNER GAUSE 3. SEX Meale A RACE Vinite Vinite	Control Charles Conner Charles Charles	Type or print) CHARLES CONNER GAUSE FEBRUARS 13 SEK Male White S. DAIR OF BIRTH LACK [In years A BACE [In years Ball In Month of Country In Special on working life, we and it refired A BACE [In years A BACE [In years Ball In Month of Canada and In years A BACE [In years Ball In Month of Canada and In years A BACE [In years A Bace II years Ball In Month of Canada and In years Ball In Month of Canada and In years Ball In Month of Canada and	CHARLES CONNER GAUSE FEBRUARY 23 Day 1968 1968



State Dept. af 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 7/22/55, 19. saw the deceased alive on 2/22/69 19. , and that in (my) (our) or saw the deceased alive on 19 19, and that in (m) (our) opinion death accurred on the date and haur and fram the couses stated above (1) (we) (did not) view the body ofter death.

State

22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR 22e. ADDRESS

W. University Pkwy. Balto.

23c. NAME OF CEMETERY OR CREMATORY Loudon Park

DEGREE

100

DATMAR

Baltimore 2So REC'D BY REGISTRAR

23d LOCATION (City or Town)

(County) (Stote) Md.

/3/1969 & Sons Co. Balto. Md. 24. FUNERAL DIRECTOR H.W. Jenkins

23b DATE

Francis W. Gluck

director, page 3 shauld shauld be filed with the 30M REV

22b. SIGNATURE

230 BURIAL, CREMATION,

REMOVAL (Specify)

22d PHYSICTAN'S~~

NAME (Type) Dr.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02004

2b HOUR

:45a N

82069 1. DECEASED NAME ond 2 death. (Type or print) and completely filled in by the funeral 3 SEX Female 7o. BIRTHPLACE (State or foreign country) Maryland 10. CITY OR TOWN OF DEATH with Towson n any event, daryland 14 FATHER'S NAME

Middle ELIZABETH 4 RACE Whi te

76. OTIZEN OF WHAT COUNTRY?

Carroll

Middle

USA

GLASCOCK S DATE OF BIRTH 9-28-17

DIVORCED [

IS. MOTHER'S MAIDEN NAME First

MARRIED NEVER MARRIED

CERTIFICATE OF DEATH

lost

February Month 6 AGE (n years lost_bythdoy)

15DOY 1989 E JWDER I YEAR

IE JNDER 24 HRS.

9. COUNTY OF DEATH Baltimore

during most of working life, even if retired)

20. DATE OF DEATH

120 USUAL OCCUPATION (Kind of work done

Middle

Address

YRS

126 KIND OF BUSINESS OR INDUSTRY

St. Joseph's Hospital 13c. USUAL RESIDENCE (Where deceased juyet, if institution, Residence before 13c CTY OR TOWN

NAME OF HOSPITAL OR INSTITUTION (If not in haspital

WIDOWED TO

Sykesville

13d INSIDE CITY LIMITS?

13e STREET AND NUMBER Box 218

APPROXIMATE INTERVA.

BETWEEN ONSET AND DEATH

John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)

First

MARY

16b SOCIAL SECURITY NO

deLashmutt

Lost

17 INFORMANT Mospital

Recorda

Helen

Matthews

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART . DEATH WAS CAUSED BY Conditions, if any, which gave rse ta immediate cause (a), stating the underlying cause

IMMEDIATE CAUSE (g) Congestive heart failure

1) Purulent tracheal bronchitis

Carcinoma of the esophagus

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED

20a AUTOPSY?

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH (If either, natify medical examiner)

21b TIME OF INJURY HOUR A.M. Month Day Year

NO [

CAUSES OF DEATH?

DEGREE

Olivet

AT HOME FARM, STREET FACTORY 1 21F LOCATION Street of R.F.D. No.

22e ADDRESS

Cematery

YES KX

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, tem 18.)

City or Town

County

Stote

21d INJURY OCCURRED While Not while at wark of work

19g DATE OF OPERATION

21e. PLACE OF INJURY

220. I certify that (!) (this haspital) attended the deceased from Feb. 1 , 1969, to Feb. 15, 1969, that (!) (we) last saw the deceased dive on Feb. 15 1969, and that couses stated abave, (IP(we) (did) (#P Abt) view the bady after death. 19_69, and that in (my) (our) apinion death occurred on the date and have and from the

22c DATE SIGNED 2-15-1969

22d. PHYSICIAN'S NAME (Type) 23a BURIAL CREMATION

22b. SIGNATURE

REMOVAL (Specify)

Ines Cilliani. 23b DATE

23c NAME OF CEMETERY OR CREMATORY

7620 York Road, Towson 4, Maryland

MED DIRECTOR

23d. LOCATION (City or Tawn) Fradenials

(County)

TO FUNERAL DIRECTOR: After

D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be tiled with the State Dept of Health prior to

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter dea

4 may be retained by the haspital or attending physician.

pleose

or remi

burial, cremotion,

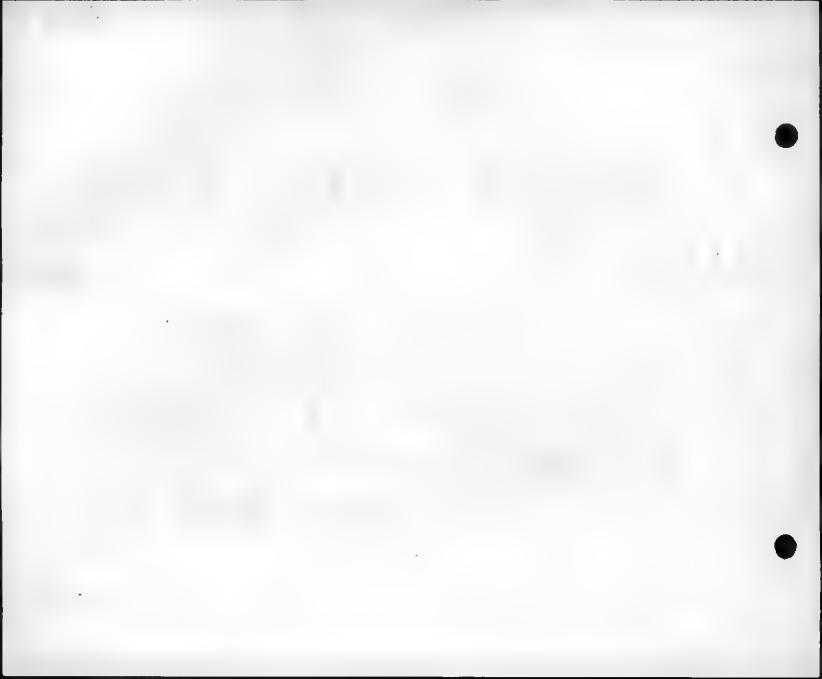
signed by the ottending buriol-transit permit. The

FUNERAL DIRECTOR

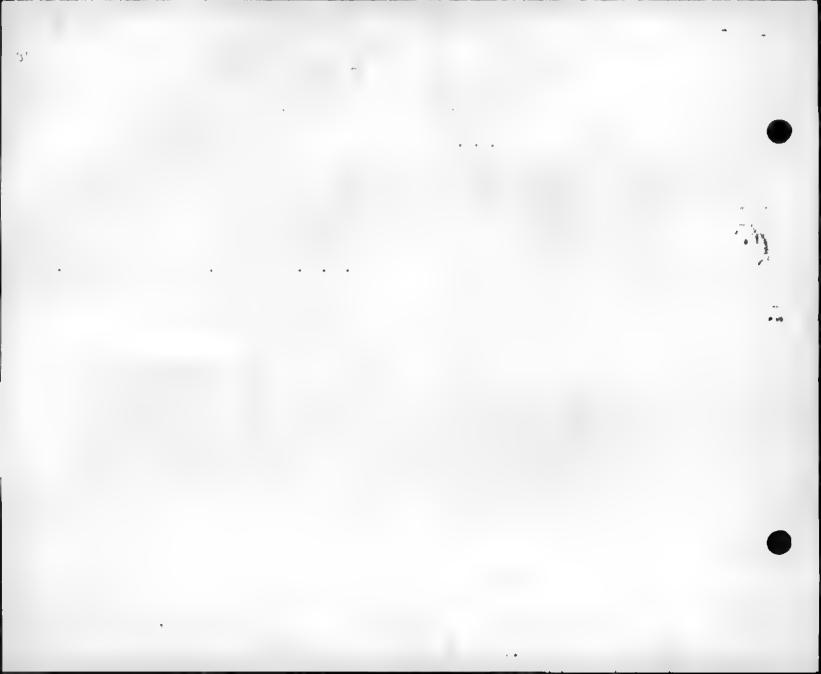
ADDRESS

250 REC'D BY REGISTRAR

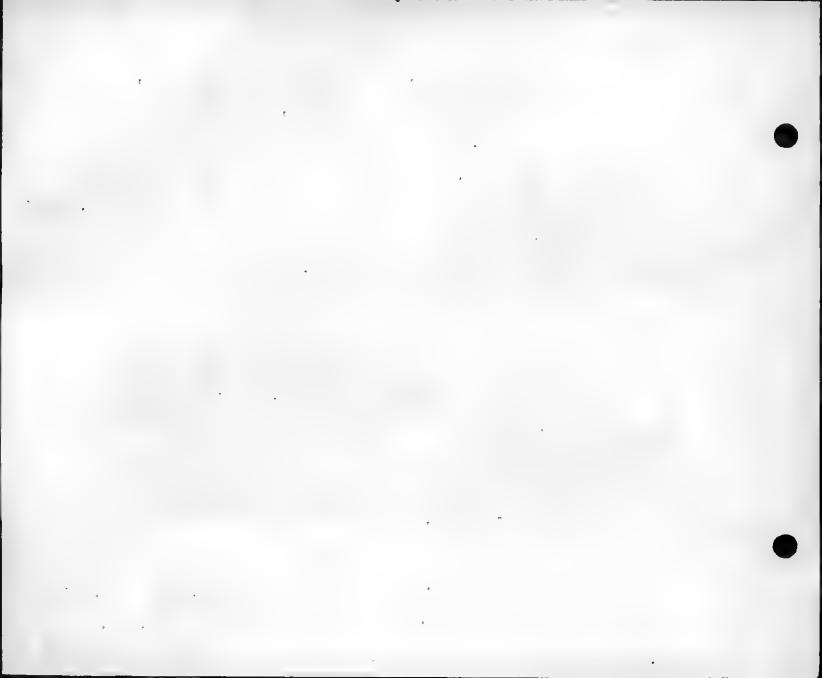
Md. 25b. REGISTRAR SAIGNATURE



					ND STATE DEPARTMENT OF H	
d.	1		00010		, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201 02065
7			02010		CERTIFICATE OF DEATH	02000
	4 _ 24		CEASED NAME First	Middle	Last	20. DATE OF DEATH 2b FQ
	death death	L.	ype or print) RITA		G LUSHAKOW	FEBRUAR Month 12, Day 1969ear 10 Pm
	DE LE	3. SE		4 RACE	S. DATE OF BIRTH	6. AGE (In years Funder YEAR IF UNDER 24 FRS. last birthday MONTHS DAYS HOURS MAN
	S EE S	L	FEMALE	WHITE	JULY 25, 190	70 68 "YRS.
	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, after lined by the haspital ar attending physician. 3R: After this certificate has been signed by the attending physician and completely filled in ty the rail only be detached for use as the burial-transit permit. Then please remove carbon papers. Rages in the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours after the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours after the State Dept.	7a l cavi	SIRTHPLACE (State or foreign LATVIA	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE
	Illed Sappa	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	VSTITUTION (if not in haspital 12a, USUA	OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
	ecuted within 24 har completely filled in a gye carbon papers. Yevent, within 72 ho		BALTIMORE	MILFORD MANO	R NURSING HOME during mg	Staf working life even if retired) INDUSTRY AT HOME
	ed cor cor	13a. adm	USUAL RESIDENCE (Where decen-	sed lived, if institution. Residence before	Vec - 100	A 157 13e. STREET AND NUMBER
	- 5 6 8 8. KI	2011	STATE MARYLAND) po. coon:	BALTIMORE YES NO	4002 OLLNOTEL AVENUE
	ican and come come case vemaye and in any ev	14. 1	ATHER S NAME First	Middle Lost CAWN	IS. MOTHER'S MAIDEN NAME FI	
	cuan cuan cuan cuan cuan cuan cuan cuan	16-	YUDE L WAS DECEASED EVER IN U.S. ARI		NO 137 INFORMANT	NA ?
	physician nen please loval, and	T DU.	es, na arunknawn) (II yes groe	wer or dates of service)		***************************************
	phy nen novo			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAKOW, 4002 GLENGYLE AVE. #15
	AN: The law requires that the death certifical ar attending physician. ficate has been signed by the attending physician to see as the burial-transit permit. Then phealth priar ta burial, crematian, or removal,		PART I. DEATH WAS CAUSE	ly one couse per me far (a), (b) and (a	land concerna	BETWEEN ONSET AND DEATH
	dea trmit o, or		IMMED!	ATE CAUSE (a)	ar in Eureur)	aspur aspur
	the a		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	of origin.	unknown approx
	y th		rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE O		
	# 25 E E E E E E E E E E E E E E E E E E		stating the underlying cause last.	(c)		
	physician. physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)
	w red	22		0		
	The law requires the attending physician has been signed by se as the burial-train the priar ta burial, cre	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a, AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	ar affine has a see has	RTIE			YES NO	CAUSES OF DEATH?
	AN: of ar icate far u Heal		21a. ACCIDENT WAS UNDERLY OF DEA		21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item 18.)
	a de la companya de l	MEDICAL	(It either, natify medical exam-	ner) P.M.	19	
	O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	×	21d IN.LRY OCCURRED 21e While Nat while at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, E	ACTORY,) 21f LOCATION (Sweet or R.F.D. No.	City or Town County State
	NG the de		22a I certify that (I) (th	us haspital) attended the decea	sed from 2 - 10 , 196	9, to 2-12, 1965, that (II) (we) lost nion death occurred on the date and hour and from the
	NDI Bd be		saw the deceased o	live on 2010	19 <i>6</i> , and that in (my) (our) opi	nion death occurred on the dote and hour and from the
	True State		22b. SIGNATURE2	e, (I) (we) (did) did not) view the	e bady offer death.	22c. DAVE SIGNED
	O HOSPITAL OR ATTENI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		H. Gerne	e Cosher		ED STAFF D 2/3/69
	AL On by		22d. PHYSICIAN'S	1	22e. ADDRESS	
	O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill		NAME (Type)	H, GERALD OSTER	6821 RET	STERSTOWN ROAD
	HO Back Feet Feet Feet Feet Feet Feet Feet Fee	23 a	00110014 10 01		F CEMETERY OR CREMATORY	23d LOCATON (City or Town) (County) (State)
	55 5 g 2 V			14-69 SHAAR	EI ZION	ROSEDALE, MARYLAND
	VR A15		FUNERAL DIRECTOR L I FUTNSON & F	ADDRES BROS6010 REISTER		Y REGISTRAR 256 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH



,	MARYLAND STATE DEPARTMENT OF HEALTH
* post	G2012 CERTIFICATE OF DEATH
5 P N 2	
e executed within 24 haurs after death. and campletely filled in by the funeral remave carbon papers. Pages 1 and 2 n any event, within 72 haurs after death.	OECEASED NAME (Type or print) John Moddle H. Gooch February 13, 1989 20 DATE OF DEATH February 13, 1989
	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF LINDER 24 HRS
to s.	male white Dec. 22, 1888 80 YRS MONTHS DAYS MOURS MAN
by by hoping	70. BIRTHPLACE (State or fore gn 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED
24 h	Colorado U. S. WIDOWED DIVORCED Baltimore Md
音楽が	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of work done give street address) 12 LSUAL OCCUPATION (Kind of work done during most of working life, even if cettred) 10 LSUAL OCCUPATION (Kind of work done life) 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of work done life)
with with ban ban with	Catonsville / SPRI'G GROVE STATE HOSP. LINK, Raging
nple e ca	130 JSJAL RESIDENCE (Where deceased livyd, if institut on Residence before odmission) STATE Md. Veb County Pr. Geo. Lanham 13d MSIDE CTY LIM TS7 13e STREET AND NUMBER 9230 Fowler Lane
	Md. Pr. Geo. Lamian 7230 Fowler Sale
Cond Se on Cond Cond Cond Cond Cond Cond Cond C	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
nd in in	George Richard Gooch Sarah Elizabeth + IT =
fical ysic of, o	Yes, no of unknown) (If yes give war or dates of service) UNKNOWN Records: SPRING GROVE STATE HOSPITAL
ph hen hav	APPROX MATE INTERVAL
te death cer attending p permit The	PART DEATH WAS CALIFED BY
dea ffen rmit rmit or, ar	IMMEDIATE CAUSE (a) CACCACACACACACACACACACACACACACACACACAC
the different per principal per	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF CONTROL PROPERTY OF THE CONTROL
rat Junsi	rise to immediate cause (a)
siciar siciar ed b od-tro al, cr	stating the underlying cause (i) A Class (actions learning Carcely 2 activities
equil phy sign buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
w ru Jing een the r ta	& differen montis, aute.
trenc ds b as prio	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
4	YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OF CHIRRED (Finite native of injury in Part 1 or Part 2 Item 18.)
ficot for for free	CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
rsic aspir cents hed it al	a life their, notify med cid examiner) in m
TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be exellege 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and calificator, page 3 should be detached far use as the burial-transit permit. Then please remainshauld be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any	of work of work
ING by t ffer coe c	22a. I certify that (\$ (this haspital) attended the deceased fram Feb. 5 , 19 69 , to Feb. 13, 19 69 , that (1) (%) last
FEND ned 1	22a. I certify that (* (this haspital) attended the deceased fram Feb. 5 , 19 69 , to Feb. 13, 19 69 , that (1) (%) last saw the deceased alive on Feb. 13 19 69 , and that in (my) (367) opinion death occurred on the date and hour and from the couses stated above, (1) (36) (did) (333302) view the body after death.
ATT ATTI	226 SIGNATURE 220 DATE SIGNED
OR ATTENE be retorned birECTOR: A ge 3 should	DEGREE PHYS DIRECTOR
Oy the pool	22d PHYSICIAN'S 22e, ADDRESS SPRING GROVE STATE HUS ITAL
SPITAL 4 may VERAL car, pag	NAME (Type) Rafgel H. Marin, M.D. Baltimore, Maryland 21228
O HOSPITAL Page 4 may O FUNERAL (director, pag shauld be fit	230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY , 23d LOCATION (City or Town) (County) (Stote)
5- 5- 22	BYOVATOPIAL 2-18-1969 FRANKFORT CEMETERY FRANKFORT, KENTUCKY
VR A15 (4) 45M 1/69	24 FUNERAL DIRECTOR 256 REG STRARS SIGNATURE WILL OF FEB 2 0 1969 POLICE OF THE PROPERTY OF THE PEB 2 0 1969 POLICE OF THE PEB 2
45M 1/69	W.W. CHAMBERS 60, KIVERDALE, MARKING PAIR FEB 2 0 1969 Actionles Judge.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	It em#5, Film3409 2MEDICAL EXAMINER'S CERTIFICATE OF DEATH 028	08
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Doy Y	rear 25 HOUR
3 to Page	COV MAY TO GO 35 9611 DEATH MATED \(\textstyle \textst	1969 M
y delay and 3 Page 183. Pa	Male White August 7, 1973 log birthdor) MONTHS ON'S MOJRS MIN Month 2 Day 7 Year,	2d HOUR 9 69 920 M
fe D as 1, 2	70 BIRTHPLACE (Stote or foreign Country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BAITON,	€ † Mo
after death 8. Give Pages along with far with the State	10 CITY OR TOWN OF DEATH CATONS, 1/e II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if ret red) INDUSTRY MARY And Are during most of working life, even if ret red) INDUSTRY	OF BUSINESS OR
urs after death m 18. Give Pag ice mlang with d2 with the Sta	130 USUA_ RESIDENCE (Where deceased lived, if institution: Residence before 13C. CITY OR TOWN 130 INSIGE CITY UM.75? 130 STREET AND NUMBER 130 OUNTY BAITO, CATONSVILLE YES NOW SOR MARYLAND	he.
hin 24 hours after death noil in frem 18. Give Pages mingr's Office mang with fa pages 1 and 2 with the State hours after death.	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle She	Lost 2//
	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Lakprown) (4 yes pry wor of dollers of parties) 2/6-12-08-78 Dorothy C. 150Tschall 508 MARYIN	nd he
shauld be executed wifte word "pending" in perion to the Clief Medical Example burial-transit permit. File in any event within 72	18. CAUSE OF DEATH (Enter only one couse per une far (o), (b), and (c))	OXIMATE INTERVAL EN ONSET AND DEATH
re execute pending" (ef Medical nsit permit.	18. CAUSE OF DEATH (Enter only one couse per une far (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A Sphyria die to Carbon Monoride	
be exellief Mellief Me	DUE TO, OR AND A CONSEQUENCE OF	
Id b ind :: Clini	nse to immediate cause (a), Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld he word ta the Cl burial-tra	lost (c)	
icate ng th ded to as a t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certificate, writing for forwar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. A Y 210 EXTERNAL CAUSE WAS 21b TIME OF MURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 16)	UTOPSY?
	Y 210 EXTERNAL CAUSE WAS 21b TIME OF WALRY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of value) in Part 1 or Part 2 Item 18.)	ES 🔲 NO 🔯
= ¬ = .	PRIMARY DOR CONTRIBUTING HOURAM 2-7 1969 Exhaust Funcs into Car	
please exacute the certificate exacute the certification. Page 4 shauld retained far yaur files. Director: Page 3 shauld it is burial, cremation,	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK A	State
CAL Electrical Electrical CTOR: burned,		in my opinion
Sist of the sist o	deoth resulted from. Notural causes, Accident, Suicide, Homicide, Undetermined manner	
plea dir L Dia	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED	
ery,	EXAMINED'S DEPUTY MEDICAL EXAMINER	
TO DEPUTY SICAL E mecessary, please exact the furmand director. Par 5 mm y be retained far TO FUNERAL DIRECTOR: Health prior to burid;	NAME (Type) KOUALD IV. KOYENBLUM MID. ADDRESS(Street, city, town, or county)	
07 15 15 15 15 15 15 15 15 15 15 15 15 15	23d. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL Specify 2/10/69 BAITINGRE NATIONAL CON BAITOR	(State),
VR A15ME (5) 0-0	24 FUNERAL DIRECTOR 250 REGISTRAR S. SIGNATURE.	16 Co
10M REV 1768	Cis. Mac Nabb Ball Mel	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. NUMERAL BIRECTOR. After this certificate has been be detached director, page 3 should should be filed with the O

VR A15 (4)

30M REV. 1/68

22b. SIGNATURE

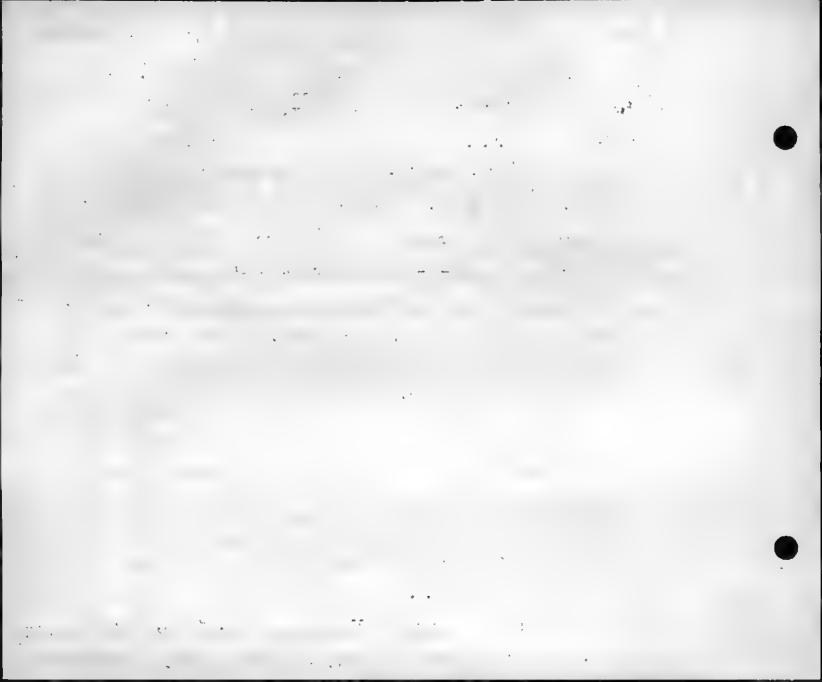
22e. ADDRESS 22d. PHYSICIAN'S 6800 Loch Raven NAME (Type) Blvd. BaltoMd Vitale William 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City at Town) (State) 23b. DATE 23a. BURIAL CREMATION BREMOYA (Specify) Baltimore, Maryland Dulaney Balley ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR eonard J. Ruck Inc. Balto. Md. 21214

ATTENDING

DIRECTOR

22c. DATE SIGNED

causes stated abave, (1) (we) (did) (did nat) view the bady after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02010

0.2019		CEKHILICATE	JF DEATH			
1. DECEASED-NAME First	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
(Type or print)		Hano	ock	Month 2	7 1969	207
3 SEX	4. RACE	S DATE	OF BIRTH	6 AGE (In ye	BOTS F JNDER YEAR	R IF UNDER 24 HRS
Female	White	Febr	uary 6, 196	lost birthdo		5 HDURS MAR
7b BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER	STAKKIEDIK	UNTY OF DEATH		
Maryland	U.S.A.	WIDOWED	DIVORCED B	altimore,		A
10 CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	NSTITUTION (If not in hosp	tol 120 JSUAL OCC	UPATION (Kind of world	k done 12b KIND (OF BUSINESS OR
Towson	St. Joseph	Hospital	N/A	working life, even if re	etired) INDUSTRY	
30. LSUAL RESIDENCE (Where deceose odmission) STATE Namy Land	ed lived, if institution, Residence before	Baltimore	YES NO NO	13e STREET AND NUM		-
14. FATHER 5 NAME First	Middle Lost	IS MOTHER	S MAIDEN NAME First	M	hddle	lost
James	W Hancoc	k	Eliza	abeth A		Swanson
16o. WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (1 ^f yes give wo	ED FORCES? of an dollow of service) 16b. SOCIAL SECURITY	NO. 17. INFORMAN	ī	Ad	ldress	
PART I DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ne M	undra	ne dist		DAIMATE INTERVA. N OMSET AND DRAIH
	(c)	ACT BYLLEVIN TO THE YEAR				
TAKE Z OTHER SIGNIFICANT CONC	DITIONS CONTRIBUTING TO DEATH BUT N	NOT KEDATED TO THE TER	NINAL DISEASE OKCONDIT	IUN GIVEN IN PART I(0)		
NET ET E	ONDITION FOR WHICH OPERATION WAS PI		AUTOPSY?	20b IF YES, WERE FIN CAUSES OF DEATH?	ND.NGS CONSIDERED IN	CERTIFYING
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH Office of the contribution of the contributio	HOUR A.M Month Doy Year		OCCURRED (Enter notus	re of injury in Port 1 or	Port 2, Item IB.)	
21d INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME FARM, STREET, FA	SCTORY.) 211 LOCATION	Street or R.F.D No.	City or Town	County	Store
saw the deceased all	s haspital) attended the deceas ive an2/7/ . (I) (we) (did) (did nat) view the	19.69, and that in	, 19 <u>69</u> (my) (aur) apınian	ta_2/7/ death occurred an	, 19 69, the the date and hou	at (4) (we) la ir and fram th
22b SIGNATURE LCi	lling M.I	DEGREE PHY		OR STAFF	22c DATE SIGNED 2/7/69	
22d PHYSICIANS NAME (Type) INE	5 CILLIANI		20 York Rd	Towson, M	H. 21204	
23o. BURIA. (REMATION) 23b. Di REMOVAL (Spec Ty) 23b. Di	12.68 236. NAME OF	CEMETERY OR CREMATO	241 4 4.0	LOCATION (City or Tow		(Stote)
24. FUNERAL DIRECTOR	ADDRESS	5	250. PEOP BY RIG	SARAR 1969 SP REGI	ISTRAR'S SIGNATURE	- 1

DATE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please, remaye carbon papers. Pages 1, and should be filed with the State Dept of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after deap



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ed in by the funeral gets. Peges I and 2 of 72 hours after death.

24 hours after death.

TO HONNITAL OF ATTENDING PHYNCIAN. The law requires that the Illiath certificate be exercited within

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by th≡ a≡ending physicia≡ and co≡pletely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carba shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, w

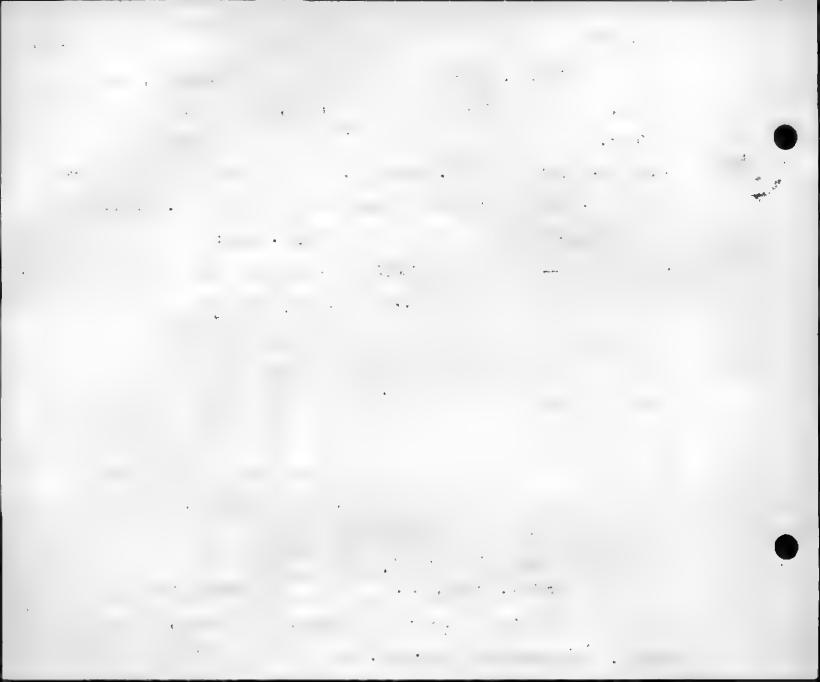
VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02811

		CERTIFICATE OF DEATH		2 10 0 7 48					
1. DECEASED-NAME	First Middle	Lost	20. DATE OF DEATH	2b. HOUR					
(Type or print)	MYRTLE R. HANDS		February 1. 1	969 Yeor M					
3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS					
Female	White	June 23, 1	1891 lost birthdoy)	MONTHS DAYS HOURS MIN					
DIDTURE ACE /Chate or fam	ign 7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH						
Penna.	USA	WIDOWED DIVORCED	Baltimore	Mc					
O CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL		ISUAL OCCUPATION (Kind of work done						
iddle River	21220 give Yest oddress) M	fidland Rd.	most of work polite, even if retired.)	YAISJUNI Home					
30 USUAL RESIDENCE (When	e deceased lived, if institution Residence b		ITY JIMITS? 13e STREET AND NUMBER						
idmission) STATE Mar	yland 13b. COUNTY Baltimore	Middle River Is	NOW 19 W. Midl	and Road					
4. FATHER'S NAME First	Middle I	lost IS MOTHER'S MAIDEN NAM		Lost					
Char	les Renier	Mary E.	Mevers						
160. WAS DECEASED EVER IN			Address						
No (See, no, or unknown)	f yes give wor or dates of service) 217 01	7493A Earl Hands	Same						
18. CAUSE OF DEATH	Enter only one couse per line for (a), (b), q			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)	a mid All	1. ~						
1561X									
Conditions, if any, which									
rise to immediate cou stating the underlying		CEOF							
lost. (c)									
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT-RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART I(0)						
z .	struct a	Milling							
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING					
190. DATE OF OPERATION		YES NO	CAUSES OF DEATH?						
		21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	, Item 18.)					
OR CONTRIBUTING [AN	ISE OF DEATH HOUR A.M. Month Doy P.M.	Yeor 19							
- TIO HOURT OCCURRED	21e. PLACE OF INJURY / AT HOME, FARM, STI	REFF, FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State					
While Not while at work)								
22a. I certify that	(I) (this haspital) attended the de	ceased from May 1, 1	9/2 5, 10 2 ~ / , 1	9 <u>69</u> , that (#) (we) las					
saw the dece	ased alive an	19 6 Gand that in (my) (aur)	apinian death accurred on the d	late and havr and from the					
22b. SIGNATURE	abave, (i) (we) (ala) (alajilei) view	v me body ditel dedili.	122	, DATE SIGNED					
TEO SIGNATURES	Alma II -M	My DEGREE PHYS	MED STAFF DIRECTOR PHYS.	Des LG					
22d. PHYSICIAN'S	No. of the	22e. ADDRESS	DIRECTOR - FINDS	5 0 /					
NAME (Type)	Marvin J. Rombro, 1	M.D. 80	5 Fuselage Avenue						
230 BURIAL, CREMATION,	23b DATE 23c NAM	ME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)					
Creatatesta		en Mount Crematory	Baltimore, Mary	land					
24 FUNERAL DIRECTOR	But befrehe AD	DRESS 250 REG	EB REGISTRAR 1969Sb. REGISTRAR	S-SICHUR SALES					
	rdninghi 7407 Faste	rn Ave. 21221 DATE	FR # 1909	0 0					



Truman Schwab 5512x17x11xx1xx1xxx1xxxXxxxXxxXxxXX



nages 1 and 2

the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

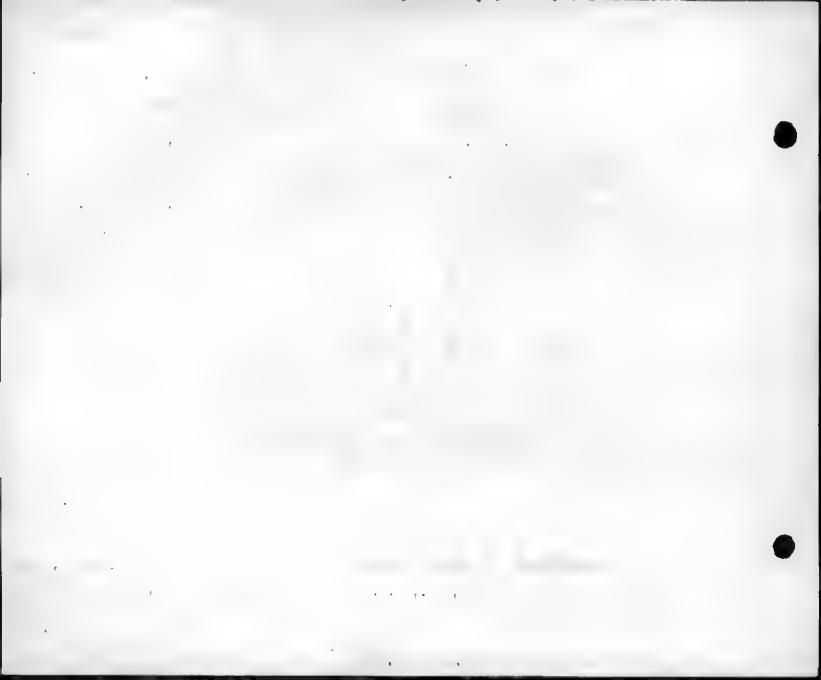
Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please temove carban page shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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						CLIVIII	ICAIL O	DEM	111							
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3. SEX		AUL	4. RACE	الراباء	LANDELL	<u> </u>	HARKEI		12	CDKU				FR I YEAR		FR 24 HRS
	FEMALE			WHITE				mber	18,	1883	6 AGE (Ir	booy)	MONTHS		HOURS	
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admission	AL RESIDENCE (I) STATE RYT,AND	Where deced	ised lived, fin	nstitution Resid	dence befare	13c CITY		13d INSIDE	OTY LIMITS?	1.00	REET AND N		AL A	VE.	#21:	217
14. FATHE	ER S NAME	F rst	Mid		Lost		15 MOTHER'S					Middle		-	Last	
14 10/4	DESCRIPTION THE	Jess		hitch				Reh	ecca	1			1016	J.		
	S DECEASED EVE o areaknawn)	(If yes give	WED FORCES? war or dates at serv		CAL SECURITY		INFORMANT	du	rī.	ull	er, l	Address	llom	ela	ad	∵€
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	RT 2. OTHER SIG	GNIFICANT CO	DITIONS CON		DEATH BUT N	OT RELATED	TO THE TERM.	NAL DISEASE	ORCOND	ITION GIVE	N IN PART I	I(a)				
190.	DATE OF OPERA	TION 196	. CONDITION FO	OR WHICH OPER	ATION WAS PE	RFORMED	20o. AL		• K]		YES, WERE OF DEATH?		CONSIDER	RED IN (ERTIFYIN	NG
₹ 🗆 0	ACCIDENT WA PROONTRIBUTING [pither, notify m	CAUSE OF DEA	iner) HOUR	P.M.	Doy Yeor	9	HOW INJURY			ure of infu	y in Port 1	ar Part 2	, Item 18	()		
Whi at w	INJURY OCCJI ile Not whi ork of wor	k L		URY (AT HOME OFFICE BU							ar Town		Canu	,		Stote
220	a. I certify to saw the d causes sta	that (1) (t) leceased a ated abov	nis hospital) alive an F e, (;) (we) (ottended t ebruar did) (ddagt	he decease y 4, 1 I) view the	ed from <u>r</u> 9 69 , a body afte	EBRUAR nd that in (r death.	<u>7 3</u> , 194) (aur	19.69. apiniar	, tarri death a	BRUAR occurred o	Y 4 1 on the c	9 <u>69</u> jate and	_, that d haur	X I) (v	ve) las
22b.	SIGNATURE	caelle	uto	Beru	in L.	14 DOE	GREE PHYS	DING _	MED. DIRECT	OR	STAFF PHYS		ebrua		4.	1969
22d.	PHYSIC AN S NAME (Type)	GUAI	BERTO	GOKIM,	1		22e. A	DDRESS 20 YO	RK RO	DAD	TOWSO					
	IAL, CREMATION NOVAL (Specify)	i, 23b.	DATE 7/196	9 1	yres	una	R CREMATORY		23		N (City or)		(Cour		(Stot	e)
24 FUNE	RAL DIRECTOR.	ns °	Sons	Co. 1	ADDRESS	York	≀d.	2So. RE	CD BY RE		25b. R		SSIGNAT		ge.	



FOR STATE HEALTH DEPT. 10 CELESCOPHUM DEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHORE, MARYLAND 21201 O.2014 Membra D. DEVENDED D. DEV	i, 1	1	O O O = O DIVISION		LAND STATE DE OS 301 W PRES			AND 21201		
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Sign			n .1					2a. DATE KNOWN	Month Day	Year 2b. HOUR P
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ID. CITY OF TOWN OF DEATH ID. MAN OF HOSPITAL OR HISTORIAN OF HIST							100			
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THE COLOR OF THE MAKE OF DEETS OF THE MOLE AMENOTORIES OF THE MAKE	deot re Poor with		Fort Howard	vetera	ns Adm. Ho	spital	during mast a	f working life, even if reti	red) INDUST	RY
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220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry And in my opinion death resulted fram: Natural causes Accident Inquiry Natural causes Accident Inquiry Natural causes Accident Inquiry Accident Inquiry Inqui	#	ICAL O	PRIMARY OR CONTRIBUTING	HOUR A.M.		Full	at J	Ime	err z, nem rog	
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236 BUR AL CREMAT ON, REMOVAL (Specify) 236 DATE 236 MAME OF CREMETERY OR CREMATORY 236 LOCATION (City or Town) (County) (State) REMOVAL (Specify) Figh 6 1969 Baltimore National Cem. Baltimore Maryland	old did		ACTUAL SIGNATURE	Mos	and	AC				
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Runial Feb 6 1969 Baltimore National Cem. Baltimore, Maryland	o DI the f	230	NAME (Type)						(Co.inh	(State)
24 FUNDA DER OF SINGLE CON SINGLE		100	REMOVAL (Specify)	h 6 1969	Baltim	re Natio	1		, ,	', ',
JOHON SUITE AL ROME OF LAND AND AND AND AND AND AND AND AND AND		24	ELITERA DESCIOR	Sing	le ton Tune	ral Home	250 REC D BY REC	GISTRAR 25b. REGIS	TRAR'S SIGNATU	Judge.
VR A15ME [5] 10M REV 1/68 24 ENGRA DER TOR Single ton DER Sine ral Home Clen Burnie, Md. Single ton DER Sine ral Home DATE FEB 5 1969	VR A15ME (5) 3 10M REV 1/68	1	10 ingran	Glen	Burnie, M	d.w.	DATE FEB	5 1969 1		

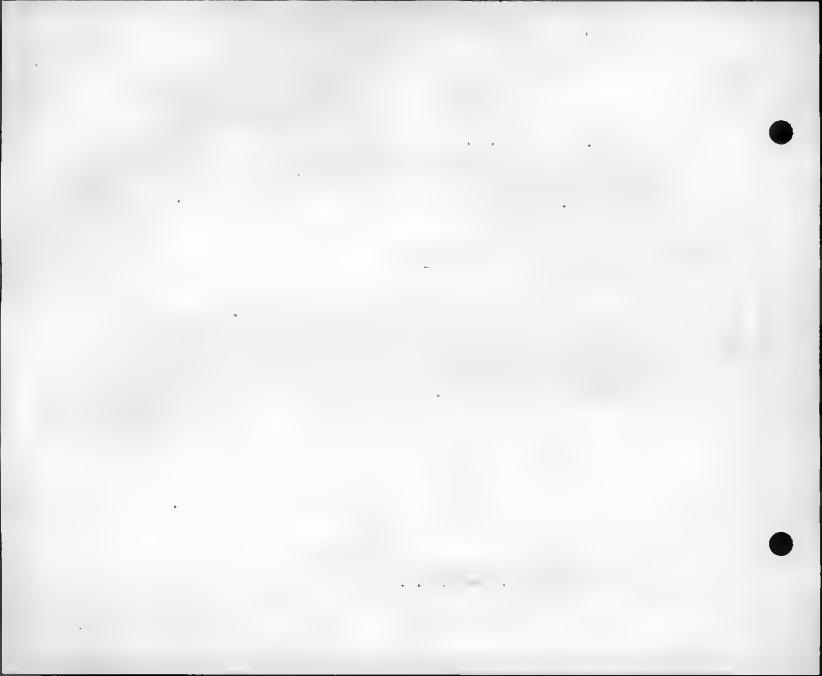


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82020 02015 CERTIFICATE OF DEATH Stephen I. DECEASED NAME Middle Lost 20. DATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or pont) February 2100y Hart 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 3 SEX 6. AGE (In years IF JNDER 24 HRS July 14, 1904 lost birthdoy) white male the ottending physician and completely filled in by sit permit. Then please remove carbon papers. P 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore U. S. WIDOWED [DIVORCED TX N. J. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR SPRING GROVE STATE HOSP. Yadlo engineer fretired) or removal, and in ony event, wit Catonsville 130 USUAL RES DENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIAUTS? 13e STREET AND NUMBER odmission) STATE Apt. 3 - Pritchard Avenue Harford Aberdeen YES 🗔 Md. 14. FATHER'S NAME First 15 MOTHER'S MA DEN NAME First Lost Theresa John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) Records: SPRING GROVE STATE HOSPITAL 711-09-6717 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopme BETWEEN DISET AND DEATH Bronchopmeumonia, bilateral, day DUE TO, OR AS A CONSEQUENCE OF Pathology unknown. of the left upper lobe, histo- 1 month Conditions, if ony, which gave) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Neurosyphilis, treated. use as the talk O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? of Health p YES T NO 3 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote While Not while of work causes stated above, (1) ****(GRF) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS SPRING GROVE STATE HOSPITAL Anthony J. Joung. M.D. NAME (Type) Baltimore, Maryland21228 director, Should 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

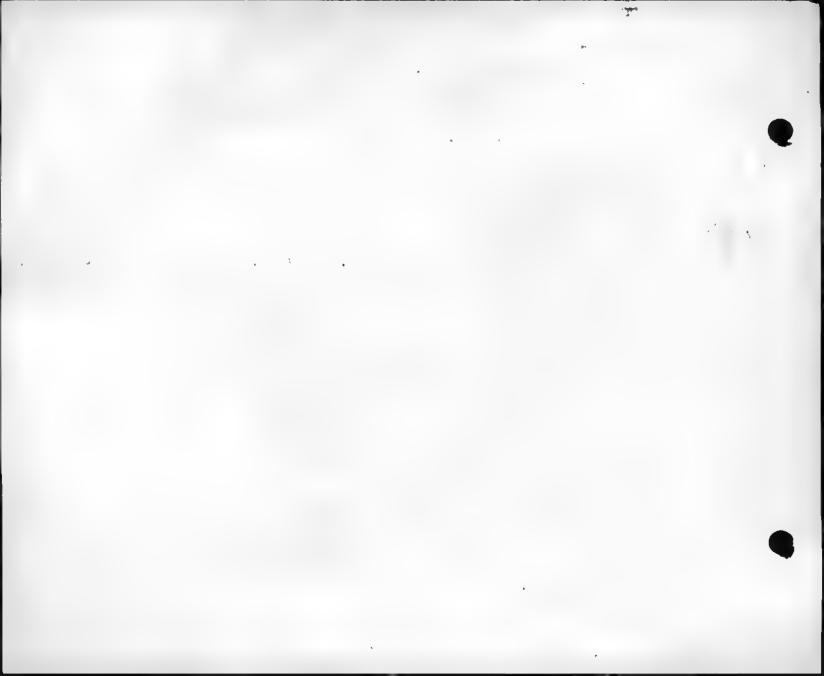
MARYLAND STATE DEPARTMENT OF HEALTH





Howard H. Hubbard 4107 Wilkens Ave. 21229

250 RECEIBLY REGISTRAND 3 250 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

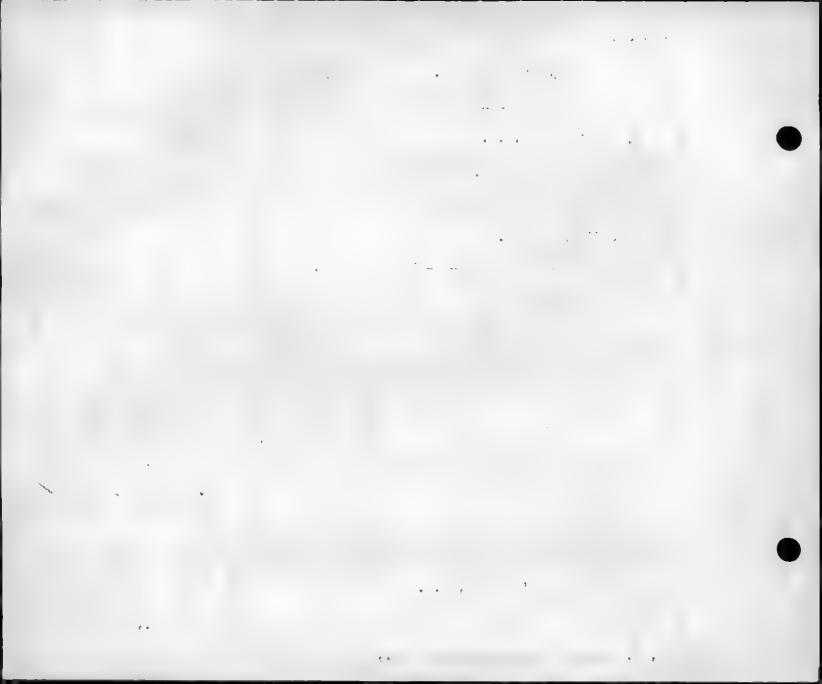
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П	(Type or Filli)	Egbe	rf	E.		H	aymor	ad		OF ES DEATH MA	TED Febru	Dry 20	1969	10
ı	3. SEX	4. RACE	S DATE OF BIRTH	6. Äl	GE (in years	MONTHS		F UNDER			NOUNCED DEAD	(2d HOUR
ı	Male	White	2-7-82		Berthday)	S, MUNTHS	DAYS	HOURS	MIN	FEBY	1214 C	20 Year 19	69	局
	7a. BIRTHPLACE (Stat		CITIZEN OF WHAT C	OUNTRY?	8. M.	ARRIED 🔀	NEVER MAI	RRIED 🔲	9 COU	NTY OF DEATH			,	
		irginia	U.S.A.			OOWED 🗌		RCED 🗀		Baltimo	ore			N
1	10 CITY OR TOWN O		17. NAME	OF HOSPITAL OR I	INSTITUTIO	N (If not in	haspital				d of work done even if setired)	12b KIND (OF BUSINI	ESS OR
1	Baltimo		"St"."	Joseph 1	Hosp	ital		Re	etir	ed		III OSTR		
1	13a USUAL RESIDEN	CE (Where decease	d lived, if institution	Residence befor	e 13c. Cff	Y OR TOWN	1 130	d. INSIDE CITY I		13e STREET AI				
	ddmissidi) SIAIC	Marylar	d3b COUNTY Bal	timore				YES N	10 34	7247	Sindall	Road	212	34
1	14 FATHER S NAME	First	Middle	Last		IS MOTI	HER'S MAIL	DEN NAME	First		Middle		Last	
		njiman	T.	Haymon]	Eliz	abeth		Prin	nce	
ı	16a: WAS DECEASED EV		a and determined a second	SOCIAL SECURITY		17, INFORM					ADDRESS			
	(Yes, po, ar unknov	(11/2)	2.5	4-42-21	72	Wi.	fe:	Myrt	le		same			
ŀ			ane cause per line k	or lainful, and (c)))			20	9	/	1-		OXIMATE IN N ONSET AN	
-	PAKI I. L	CEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	0/2	20	777	/	(277	1001	4	30	Ide	lan
.		×	DUE TO, ORTAS	CONSEQUENCE O	<u>F</u>		+ 1		14	4/1	1	25	2	,
-1		iny, which gave)	(b) 1-2	art	cer	-e	070	601	4	1	7	SA	be	4
-	stating the un	iderlying couse	DUE TO, OR AS A	A CONSEQUENCE O)F			'/		/			/	/-/
ı	last.	,	(c)										_/	
ı	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING	O DEATH BUT NO	T RELATED	TO THE TE	RMINAL D	ISEASE OR C	ONDITIO	N GIVEN IN PA	RT 1(0)			
ŀ	8													
	19g. DATE OF O	PERATION	195.	CONDITION FOR WAS PERFORMED		ERATION_	/	. 6	1	A-1	1.1	20 At	UTOPSY?	
4	=	11/6			10	pe l	ur	- 1	13	JI!	400	E .	ES 📋	NO Z
1		R CONTRIBUTING	276 TIME OF INJU	RY Manth Day, Ye	1/9	21c. HOW I	NJURY OC	CURREDIE	ger natur	re of injury in	Part or Part 2, 1	item IB.)	11	_
	CAUSE OF DEAT	H / _	P.M	1.1,514	6/		e	eve	0	770	12/03	2//	AGA	20
.			ACE OF INJURY (At ho ary, affice building let	ime farm street,	0	ZIF LOCATE	ON Street	ar R.F.D. Na.	0	City or To	W)/B1	Caunty	4-	State
셕	AT WORK			1-8-20			44		01	naa	1 die	66/1	0/	40
)m.			ak charge of the r			Name of Street				pectian 🗂			in my	opinio
П	death re	sulted from:	Natural couses	Accide	ni	Suicide		Homicid	le,	Undeferr	nined manner			
	ACTUAL	12/1/10	180 = 1	()a	72.00	cll	CHIE	F MEDICAL	EXAMINE	R			1	
	SIGNATURE =	er cr	1000		M-PC	CO 1	n. D	STANT MED		-	22b DATI	SIGNED	10	2
١	EXAMINER'S NAME (Type)	Charles	O'Donnell	. M.D.		[UTY MEDICA		NER [] wn, or county)	-/0	20/0	07	
	23a BUR AL CREMA			23c NAME OF	CEMETER	Y OR CREM		23/2001		LOCATION (Cit	v at Tawn)	(County)	(Stat	10)
	REMOVAL (Spec	ify)	2/24/69	Morela				anle		'	,	1 //		0)
1	Entoumbme 24. FUNERAL D.RECT		/ 47/ 07	ADDR		emo L1	al L	2Sa RECE			e Co. M 2Sb. REGISTRAR S		10	
			521 Loch F			21:20	4	DATEFE	_			ufny Va	edes	
	street me O.	ATTENTA OF	ACT TOOPT T	INACTI DT	T 14 8 9	C'TCA.	F	DAILD -	- ~	4 1000		3 200	Annaham.	

VR A15ME (5)

TO DEPUTY

Health prior to bural, cremation, or removal, and in any event within 72 hours after death.



12b KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

State

Md

(State)

19690

MONTHS

IF LINDER & YEAR

INDUSTRY

County

(County)

Laundry

2b. HOUR

IF UNDER 24 HRS

HOURS

9:30AM

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82024 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or pont) William F. Heffner February 1. 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years lost birthday) March 13,1889 White 79 Male 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED IX NEVER MARRIED country) DIVORCED [Baltimore County WIDOWED [Baltimore IISA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH qive street address) 109 East Overlea Ave. during most of working life, even if retired)
Service Dept Overlea 13g USUAL RESIDENCE (Where deceased fixed, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Baltimore admission) STATE 109 East Overlea Ave. Overlea Maryland 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First First Louise Heffner Lynn Frank 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) 215-01-6999 Barbara F. Heffner 109 E. Overlea 18. CAUSE OF DEATH (Enter only one cause per line for (40) (b), and (c).) PART I DEATH WAS CAUSED BY lerate Cardin razular IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) 100 rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO TX 21o. ACCIDENT WAS UNDERLYING 27b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREES, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town While Nat while at work 22o. I certify that (I) (this hospital) attended the deceased fromsow the deceosed clive on 29 Jun 1964, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. Dr. 5. J. Alen. while after aleur Courses /22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 7527 Belair Road Balto. Co. ohn _6_ 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION BUT LAT Feb. 4.1969

Gardens of Faith

O FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar VR A15 30M REV.

director, page 3 should should be filed with the

the funeral ages I and 2 after death.

remaye carban

please

the attending physician sit permit. They please

permit.

burial-transit

as the

far use Health

signed by

crematian,

burial, (

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and in any event,

certificate be executed within 24 haurs after death

requires that the death

24 FUNERAL DIRECTOR Dippel BrothersInc. 7110 Belair Rd. 21206

BaltimoreCo., Md . REC'D BY REGISTRAR DATE



12025

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02020

				•		CHIL V	DEGI					ONO	40 10	
	ECEASED-NAME Type or print)	First ADA		Mrddle E •	E	lost EIL		20	DATE OF D	EATH 02	20007	7 Yets		HOUR 30 M
3. SI	Female			White		5. DATE OF Aug.	BIRTH 28, 1	.905.		AGE (In years lost buthday)		UNDER I YEAR		
	BIRTHPLACE (Stote or ntry) Marylai		CITIZEN OF WHAT USA	COUNTRY?	8 MARRIED WIDOWED	CNEVER N	ORCED [IMORE				Md
	CITY OR TOWN OF DEALTIMO	RE	GRE:	E OF HOSPITAL OR INS ATER BA	LTO.	not in haspita MED .	CENT	ERST of	UPATION () working lif RG C;	and of work do e even if cetire ired De	one od)	126 KIND (INDUSTRY Stor	OF BUSINESS	S OR
J3o odm	USUAL RESIDENCE (Wassion) STATE	here deceosed in	ved, if institution 3b. COUNTY	Residence before	13c diy o B alti		13d. INSIDE	NO 🗌		et and number 30 Leit		ılk		
14.		First Duls		lost Harps		S. MOTHER'S		ME First Ada		Middle L.	е		lost	-
160.	. WAS DECEASED EVER (es, po, or unknown) NO	(If yes give war or d	ates of service)	15-07-251	Ll	informant Mr. Le				`	ame)			
	18. CAUSE OF DEAP PART I. DEATH Conditions, if ony, v rise to immediate stoting the underly lost.	vhich gave) couse (o),	DUE TO, OR AS	for (a) (b), and (c) A RCINOMA A CONSEQUENCE OF A CONSEQUENCE OF	A OF	THE I	EFT	LUNG	WIT D ME	H WIDE	} 	BETWEE	OXIMATE INTER N ONSET AND I	HTA30
CERTIFICATION	190. DATE OF OPERAT	ION 196. CON		G TO DEATH BUT NO	RFORMED	20o. AL	JTOPSY?	· I	20b IF Y CAUSES C	ES, WERE FINDIN OF DEATH?			I CERTIFYIN	IG
MEDICAL CE	21o. ACCIDENT WAS or contributing of (If either, notify me 21d INJURY OCCUR) CAUSE OF DEATH dicol examiner)	P.M	Month Doy Year						in Port 1 or Por				State
	While Not while of work of work 22a. I certify the saw the de	nat (I) (this he	aspital) atten	t home, farm, street fac fface building, etc. ded the decease	ed from	1/31		69	2	Town /7 curred an the	6	County 9 7 the		
	couses sto	led abave, (1)	(we) (did) (d	ed nat) view the	bady after	death. ATTEN REE PHYS.	DING	MED. DIRECTO			22c. DAT	TE SIGNED 7/69		
L	22d. PHYSICIAN'S NAME (Type)	D. BR	UCE			22e. A	DDRESS	G.	B.M.C					
230	BURIAL, CREMATION, REMOVAL (Specify)		2/69.	23: NAME OF Oak		crematory Comote		23d.	LOCATION	(City or Town) Baltime		(County) Md.	(Stote	e)
	funeral director Leona rd	Ruck.	Inc. B	alto. Md.		14		BY REGI		25b RECKE	AR'S SI	NATURE	de	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and considered filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers; Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 30M REV

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dooth certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the hospital or ottending physician



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02021 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle 1 DECEASED-NAME First Lost 20 DATE KNOWN Month Day Year 25. HOUR (Type or Print) ESTI-OF delay 1. HERBST DEATH MATED Feb.21. 1969 ARTHUR н. 6. AGE (In years IF UNDER | YEAR IF JHDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 4. RACE 5. DATE OF BIRTH ond 2 with the State Department 3 SEX (ast birthday) HOURS Manth Feb. Day 21, Year Male White Jan. 7, 1905 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Balto. Md. WIDOWED [DIVORCED [7] Baltimore 18. Give Poges 1 U.S.A. IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR give street address Balto. County General Plant Supt. Jenkins Hen. Hospt. Randallstown 13d INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER deoth 13b COUNTY Baltimore odmission) STATE Maryland in Jems I after 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Arthur H. Herbst Sr. Bessie Howard hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 21207 in pen(ii This certificate should be executed within (Yes no ar unknown) 215-01-3763 Anita Herbst 8333 Merrymount Dr. Rock Dal Fig within 18. CABSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) GETWEEN ONSET AND GEATH permit. be forwarded to the Chief Medical bending PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). writing the word Ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, nsed 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? YES Sc NO 🗆 pe 6 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21¢ HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should 4 shauld **EDICAL** PRIMARY OR CONTRIBUTING DICAL EXAMINER: cremation, CAUSE OF DEATH 21f LOCATION Street or R F D. No. 2 d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, City or Town County State factary, affice building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy 🖾 Inspection Inquiry and in my opinion Suicide Hamicide death resulted from: Natural causes 3 Accident | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED moy be 2/21/69 DEPUT DEPUTY MEDICAL EXAMINER FXAMINER'S Health Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 50 230 BUR AL, CREMAT ON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 69 Lorraine Park Cem. Burial

ADDRESS

VR A15ME 19

24. FUNERAL DIRECTOR

8728 Liberty Rd. Randallstown. Loring Byers

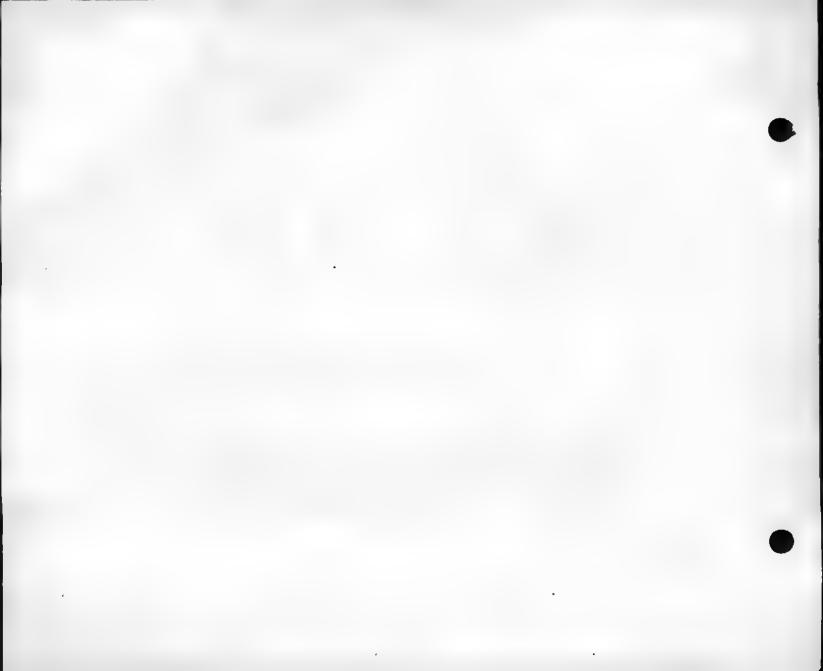
Woodlawn Maryland Balto.Co.

250 RECEBY REGISTRAR 1969Sb REGISTRAR'S SIGNATURE DATE

* 7 * C

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02822 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH 1. DECEASED NAME First death. puo (Type or print) 1969 HENRY HERING February 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF HNDER 1 YEAR 3. SEX completely filled in by the tooke carbon popers. Poges last birthday) 9-23-1896 White Male within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED X country) WIDOWED | DIVORCED [U.S.A. Baltimore Maryland 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life even if retired)
Retired Glass Worker 1255 Maple Avenue INDUSTRY Arbutus buriof, cremation, or removol, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TSP 13e. STREET AND NUMBER requires that the death certificate be exsected 13b COUNTY NO-YES 1 please remove Maryland Baltimore 1255 Maple Avenue Arbutus 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle last physicion on Frank Hering Pauline Keller. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no, or unknown) [[II yes give war or dates of service) 218-03-9947 Mrs. Margaret Daughaday, 1255 Maple Ave. 18. CAUSE OF DEATH (Enter only one couse per aime for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burrol-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the hospital or ottending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificat has been be detached for use as the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20o. AUTOPSY? 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH® YES [NO [T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of miery in Part 1 or Part 2, Item 181) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County State City or Town While Nat while at wark ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 1966, ta 67, tho (I) (we) lost saw the deceased olive on 37, and tho in (my) (our) opinion death occurred an the date and hour and from the TO HOSPITAL OR ATTEND Poge 4 may be retoined causes stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** PHYS DIRECTOR 22e. ADDRESS PHYS CIAN S director, po should be f NAME (Type) Dr. William 1334 Sulphur Spring Road Goodman 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Maryland 2-10-1969 250 REC D BY REGISTRAR 25b. AEGISTRAR'S STGNATURE 24. FUNERA, DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

CERTIFICATE OF DEATH	TORE, MARYLAND 21	20	1 ()2	023	
lost HERSHFIELD	2a. DATE OF DEATH Month	2	Day	5	Yeor 69	2b. 7

1969

						INIL OI D	LAIII				
	ECEASED NAME	First		Middle		Lost		2a. DATE OF			2b. HOURA
L	Type or print)	Dani	el	-		HERSHF	TELD		Month 2 D	oy 5 Year 6	9 7:15°M
3 58	Male		4. RACE	White		S DATE OF BIRT	7, 1	958	6 AGE (In years lost butnoay) YR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7o. I	BIRTHPLACE (State or ntry)	foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED X	9. COUNTY OF			
	Maryla			.S.A.	WIDOWED				imore		Md.
		s Mill	s 9	NAME OF HOSPITAL OR INS ive street address) Rosewood Sta	ate Ho	spital			(Kind of work done life, even if retired.)		F BUSINESS OR
13o. adm	USUAL RESIDENCE (Wission) STATE M	there deceose arylan	d lived, if inst d IBb. COUNT	Intution: Residence before Y Montgomery	13c. CITY OF Ken	sington Y	ES NO	1 1 0 0 1 10 11	REET AND NUMBER .0909 Jol.	ly Way	
14. 1		First David	Middl Mic		nfield	MOTHER S MAID		ısı lia	M.ddle	D∉GRAZI	Lost
	WAS DECEASED EVER es, no, or unknown) 110		ED FORCES?	16b. SOCIAL SECURITY I	1	informant Rose wood	Reco	rds, Ow	Address vings Mil	ls, Md.	
N	PART I. DEATH 7593 Conditions, if any, vise to immediate stating the underlibest.	WAS CAUSED IMMEDIA which gave cause (a), ying cause	DUE TO, (c)	or life for (a), (b), and (c),	(a.) 6	. /		E COS			IMATE INTERVA. ONSET AND DEATH
MEDICAL CERTIFICATION	19a. DATE OF OPERAT			WHICH OPERATION WAS PE	RFORMED	20 AUTOPS	Y? NO 🗌		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN (CERTIFYING
EDICAL CE	21a. ACCIDENT WAS or contributing [(If either, natify me	CAUSE OF DEATH	HOUR A.	M 19		OW INJURY OCCUR	RED (Enter	nature of injury	y in Part 1 or Part 2	?, Item 18.)	
- E	21d INJURY OCCUR While Nat while at work at work			RY (AT HOME, FARM, STREET FAC OFFICE BUILDING ETC.		OCATION Street of		,	or Town	Caunty	State
	saw the di	ceosed all	ve op	attended the decease ad) (da not) view the	9 <u>09</u> , on	d that in (my)	, 19 <u>_6</u> (our) opir	3_, ta_2, 11an death o	ccurred on the	9 <u>69</u> , tha date ond hour	t (I) (we) last and from the
	226. SIGNATURE	and	T	tour	DEGR	11813		ED RECTOR	STAFE 220	DATE SIGNED	9
	22d PRISIC ANS NAME (Type)	Richa	rd A.	Jones, M.D.		22e. ADDRES	sewood	State	Hosp., O	wings Mi	ills, Md
	BUR AL, (REMATION, REMOVA (Specify) emation		ATE . 6,19	23c NAME OF E	CEMETERY OR	CREMATORY n Crema	atory	23d LOCATION Wash:	N (City of Town) ington]	.8 D.C	(State)
	FUNERAL DIRECTOR	. 0	-1	ADDRESS		25	o. RECD BY	REG STRAR	2Sb REGISTRAR	S S ₆ GNATURE	*****

Owings Mills, Md.

VR A15 (4) 45M 1 69

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of

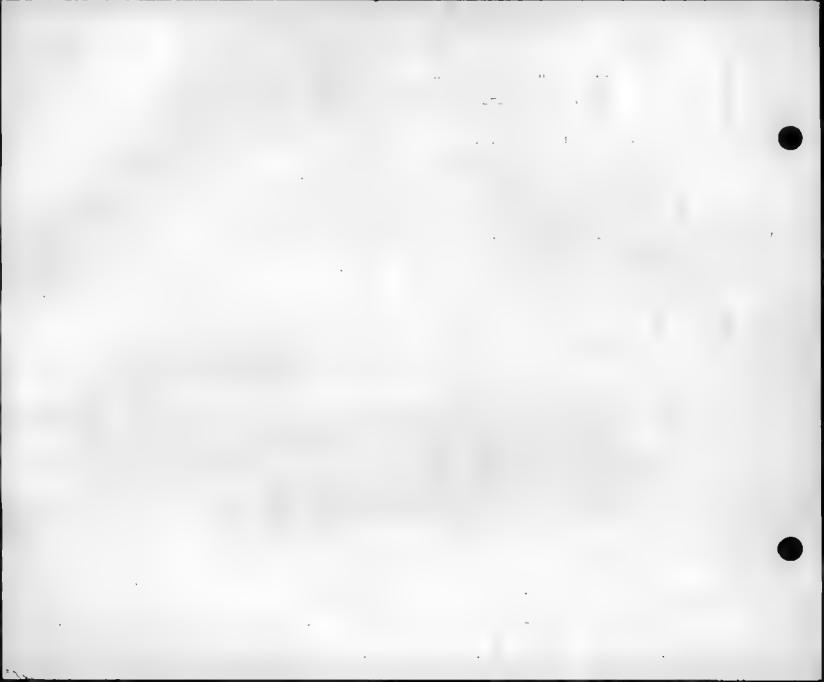
executed within 24 hours after death

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certilenge 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN Month 1. DECEASED-NAME First Middle (Type or Print) Dr. Leon Hughes 0 Hetherington DEATH MATED Department LE UNDER F YEAR IF UNDER 24 HRS 4 RACE S. DATE OF BIRTH 6. AGE (in years 3 SEX gug 68 berthday) Male Caucasian 10-7-1900 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED XINEVER MARRIED 9. COUNTY OF DEATH country) Pennsylvania Give Pages 1 Baltimore U.S.A. WIDOW ED | DIVORCED | with the State ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Greater Balt. Medical Cen. during most of working life, even if retired.) Towson Physician
3d INSIDE CITY LIM 157 13e STREFT 130. USUA. RESIDENCE (Where deceased lived, if institution; Residence before 13c. City OR TOWN 13e STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Baltimore Terry 8. Ruxton Darnall Road and 2 after 14. FATHER'S NAME M.ddle IS MOTHER'S MAIDEN NAME Hetherington Thomas Minnie Huffman haurs pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) 218-36-8075 Mrs. Helen A. Hetherington Same as # 13 E E ⊆. within 1B. CAUSE OF DEATH (Enter only one couse get ne for (g), (b), and (c)) permit. BETWEEN ONSET AND DEATH pending" PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (n' DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ⊆ farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate. þ 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Tol. Inspection . Inquiry [end in my apinian death resulted fram: Suicide _ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1 DEPUTY MEDICAL EXAMINER Health NAME (Type) Charles F. O'Donnell ADDRESS(Street, city, town, or county) M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 2-12-69 Dulaney Valley Mem. Garden Cockeysville Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Wm.Cook-Brooks Towson Inc. Towson, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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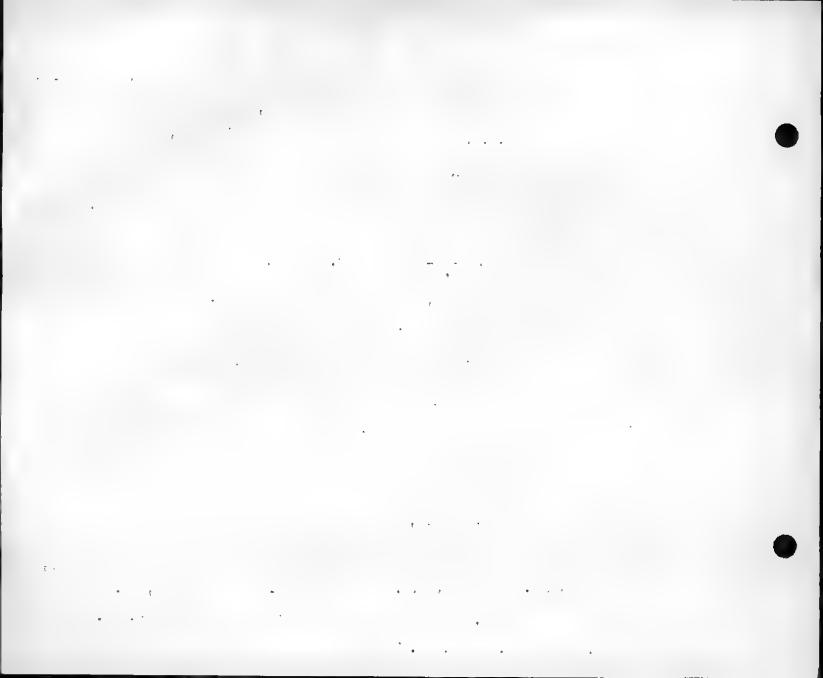
			CENT	IFICATE OF	DEATH			
	DECEASED-NAME - First (Type or print) MARGAR			Last .	20.	DATE OF DEATH Manth 02	Day 13 Yea 6	2b. HOUR
<u> </u>			LIZABETH	HEYNE				
3. 9	Female	4 RACE White		5. DATE OF BI	7-6-13	6. AGE (In years lost birthday)	F JINDER 1 YEAR MONTHS GAYS	IF UN GES MU HRS HOURS M.H.
7o.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT		RRIED 🗍 NEVER MAR	RIEDE 9 CO	UNITY OF DEATH . BALTIMORE		
10	Maryland CITY OR TOWN OF DEATH	U.S.A.	OF HOSPITAL OR INSTITUTE		RCED []	UPATION (Kind of work do	12h VIND O	F BUSINESS OR
4	ALTIMORE	give stree	oddress) Great	er Balt	Me during most of	warking life, even if retire	d.) INDUSTRY	r BOSINESS OK
13a adn	USUAL RESIDENCE (Where deceos nission) STATE Maryland	ed lived, if nstitution. 13b. COUNTY	1/	ny or town rkville	YES NO	13e STREET AND NUMBER		
	FATHER'S NAME First	Middle	Last	1s. MOTHER'S MA	AIDEN NAME First	Middle		Lost
	Charles	P	Heyne		Anna	В	Win	nter
160	O. WAS DECEASED EVER IN U.S. ARA	IED FORCES? 16b ar or dates af service)	. SOCIAL SECURITY NO.	17. INFORMANT		Addres		
	Yes, no ar unknawn) (If yes give w	2	12-01-5805	Mary He	vne 2730	Louise Ave		
	PART I. DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove isse to immediate cause (o), stating the underlying cause.		JLTIPLE ME	CTASTATI	C CANCE	R OF BREAST	BETWEEN	KIMATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT COM	(c) IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDIT	TON GIVEN IN PART 1(a)		
CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH C	DPERATION WAS PERFORME	D 200. AUTO	32	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN	CERTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF GEAT	HOUR A.M. M	URY onth Doy Year 19	21c. HOW INJURY OCC	CURRED (Enter notu	re of injury in Port 1 or Par	† 2, Item 18.)	
ME	21d. INJURY OCCURRED 21e. White Not while at work of work	PLACE OF INJURY (AT A OFFE	OME, FARM, STREET, FACTORY,) CE BUILOING, ETC.	21f. LOCATION Stree	et or R.F.D. No.	City or Town	County	State
	22a. I certify that (I) (the saw the deceased a causes stated above	s haspital) attenda live an , (I) (we) (did) (did	ed the deceased from 19 619 Inat) view the bady of	m	y) (aur) apinion	death accurred an the	19_69, tho e date and hour	t (I) (we) las rand fram the
١	22b. SIGNATURE	B. Eslan		DEGREE PHYS	☐ DIRECTO	STAFF	224. DATE SIGNED 2/13/6	59
	22d. PHYSICIAN'S NAME (Type) B .]	ESLAMI		22e. ADD	ORESS			
230	BURIAL, CREMATION, REMOVAL (Specify) 2/3	DATE 1.5/69	23c. NAME OF CEMETE Holy Rede			LOCATION (City or Town) Baltimore, M	(County) aryland	(Stote)
24	FUNERAL DIRECTOR		ADDRESS		250 REC'D BY REG	ISTRAR 2Sb REGISTR	AR'S SIGNATURE	
A	Leonard I Puels	The Belt	imana Mana	Tand.	EEB 14	1969	remy yours	and the same of th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Senges 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar removel, and in any event, within 72 haurs after death. VR A15 (4)

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospitol ar attending physician.





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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yskian and completely filled in by the funeral please remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death.

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O FUNERAL DIRECTOR: After this certificate has been

Poge 4 moy be retained by the hospital or

TENDING PHYSICIAN: The law

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requires that the death certificate be executed within 24 hours after death

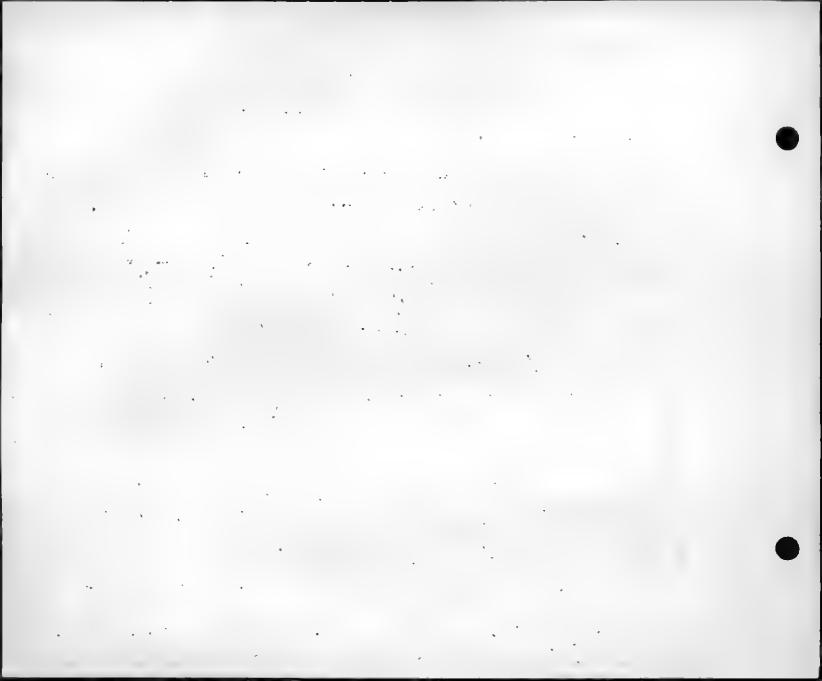
CERTIFICATE OF DEATH

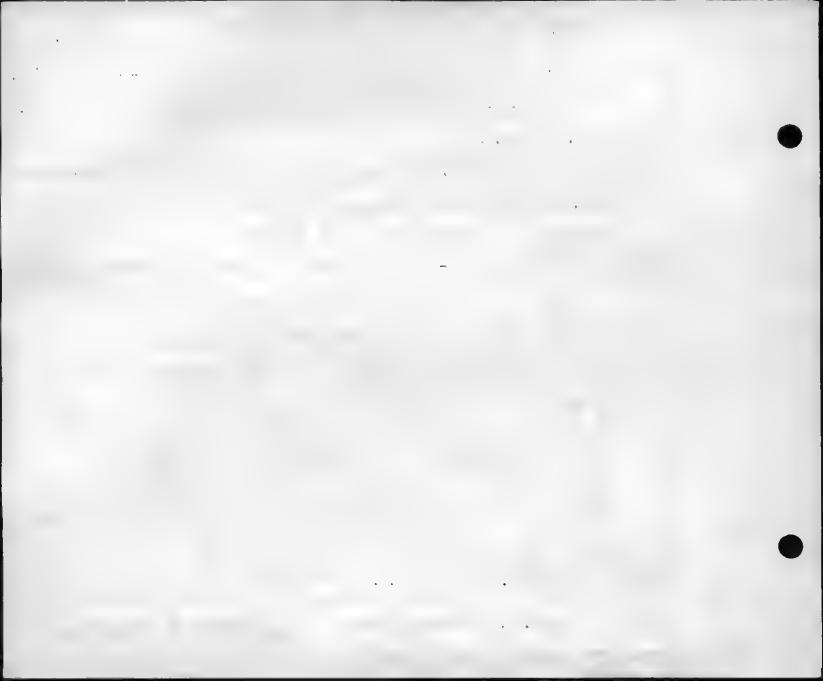
1. DECEASED-NAME First Middle Last 20 DATE OF DEATH (Type or print) February 18 Charles Howard Hood 3. SEX IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years male white last Bighday) HOURS Nov. 25. 1885 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [6] NEVER MARRIED [7] country) WIDOWED [Baltimor e DIVORCED [Maryland IG CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) industry fed. emplye Catons ville 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Woodlawn Balto. 2010 Woodlawn Drive 14 FATHER'S NAME First Middle Inst IS. MOTHER'S MAIDEN NAME First Lost T. John ROXUM XUM NOX GOX Warfield Hood Jennie C. Hood-2010 Woodlawn Drive #7
Records: SPRING GROVE STATE HOSP. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (1 yes give wat or dates of service)
Canadian Arny WW T 218-10-5922A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CALSED BY-IMMEDIATE CAUSE (o) Bronchopneumonia: left lower lobe DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16-0 19th DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOREY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IV NO I 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while at work 22a. I certify that \$1 (this haspital) attended the deceased from Jan. 16 , 19 69 , to Feb. 18 , 1969 , that \$1 (we) last saw the deceased alive an Feb. 18 19 69, and that in (my) (a) appropriate the deceased alive an incomplete the deceased saw th causes stated above, (1) (see baid) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 2-18-69 DEGREE PHYS 22e ADDRESS SPRING GROVE STITE HOSPITAL 22d. PHYSICIAN S NAME (Type) Onthony J. Young, M.D. Boltimore, Maryland 21 228 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL CREMATION, 23b. DATE (County) BEMOVAL Pecty) 2-20-69 Baltimore National Cem Baltimore, Maryland 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g. REC D BY REGISTRAR Marion Armacost-4600 Liberty Hghts. Avenue DAFEE 20 XCharley Voudal

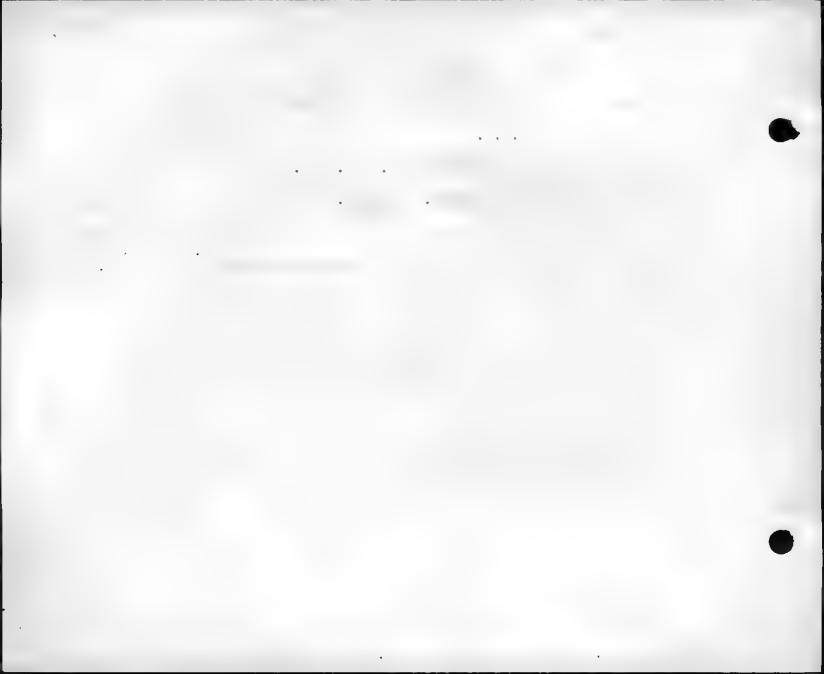


FUNERAL DIRECTOR









MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

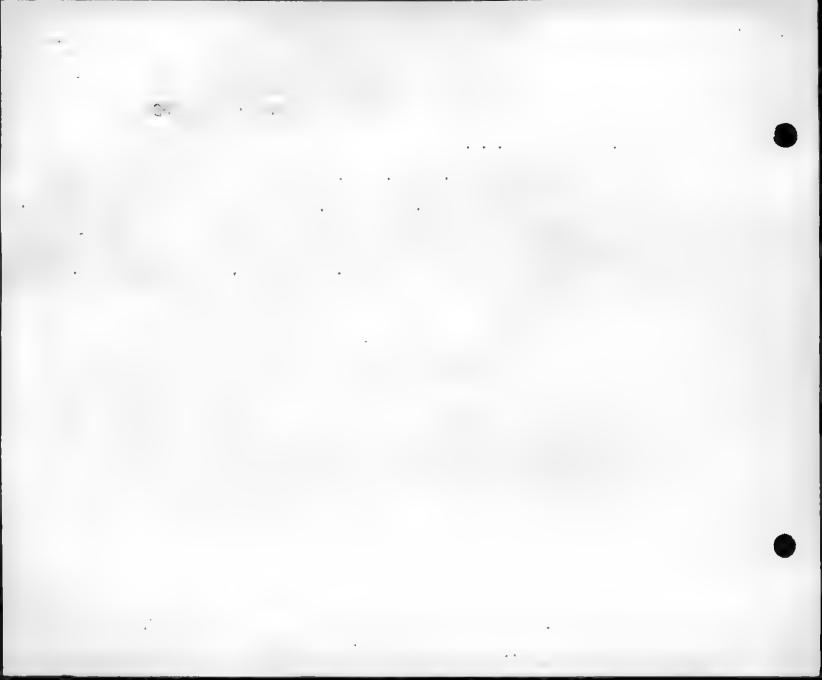
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		DECEASED-NAME First Type or print) Jac		Middle NMI	tost 20. DATE OF DEATH Hurtig				27 Yego 10:34				
	3 SI		4 RACE	14117		S. DATE OF BIRTH		6. AGE (In years	21	INDER FEAR	HE _NDER 24 HRS		
		Male		vhite	3/3/ 4 1918			lost hirthday)	YRS. MON		HOURS MIN		
		o BIRTHPLACE (State or Foreign 7b CITIZEN C			MARRIED I	NEVER MARRIED	9. COUNTY OF		TRQ.				
		EW YORK CITY	U.S.		WIDOWED		Balt	timore			Md		
		CITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR INSTI	TUTION (If m	ot in hospital 120 US	UAL OCCUPATION	(Kind of work d	one I	26 KIND OF B.	JSINESS OR		
47	_	Baltimore Balto. Cnty. Gen. Hosp during most of working ife even if retired) Balto. Cnty. Gen. Hosp Salesman PAPER PRODUCTS O USDAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CTYL M 152 13e STREET AND NUMBER											
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	14. [FATHER S NAME FIRST	M.ddle	Lost	15	MOTHER'S MAIDEN NAME	Eirst	M.dd	le		Lost		
		ISIDORE		HURTIC			1ZZIE			?			
			MED FORCES? war or dates of service)	166. SOCIAL SECURITY NO		YFORMANT S SARA HUR	TIG 411	Addre 3 BUCKTI		(RD.	#21207		
	THE CANSE OF DEATH (Enter only any cours are lost for (a) (b) any (d))												
		PART I. DEATH WAS CAUSE	D BY	Myoca	dia	0 whose	-time	- 600	/0	BETWEEN ONS	SET AND DEATH		
		4107	ATE CAUSE (o) Due to, or A	S A CONSEQUENCE OF	201 4	2018	71070	1000	2 A-16	301	<u> </u>		
		Conditions, if only, which gove									SURS		
		rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								-			
		lost. (c)											
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVEN	IN PART I(o)					
	CATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CO											
بر تخر	6.5	196. DATE OF OPERATION 196.	CONDITION FOR WH	ICH OPERATION WAS PERF	ORMED	20s. AUTOPSY? YES NOME		YES, WERE FINDII OF DEATH?	NGS CONSII	DERED IN CER	TIFYING.		
	IL CERTI	OR CONTRIBUTING CAUSE OF OCAMH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M.											
	WED CA												
	M	21d INJURY OCCURRED 21e While Not While of work	PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC	RY) 21F LO	CATION Street or R.F.D. N	lo City o	ot Town	(0	ounty	Stote		
		22a. I certify that (1) (th	is haspital) atte	ended the deceased	from 14	-/2 , 19.	68, to 2.	27	, 19_6	2, that	(U))(we) last		
		causes stated abov	e (II) (we) (dd)	(d ₁ d nat) view the ba	idy after c	that in (my) (our) a eath.	pinian death a	ccurred an th	e date a	nd haur a	nd tram the		
		226 SIGNATURE PERO	ed Os	her M	7) DEGR	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22c DATE 2 -	SIGNED 27-6	5		
		22d PHYS CIAN S NAME (Type) H	PERACI	Oster		22e. ADDRESS 6521	1	rstow	NR	1/3	4 CESTY		
		REMOVAL (Specify) 3	DATE -2-69	23c. NAME OF CE		RIAL PARK	RANDAL	LSTOWN,	MAR		(Stote)		
	24. S	FUNERAL DIRECTOR OL LEVINSON &	BROS.,601	O REISTERS	TOWN 1	ROAD 250 RECD	R 5 19	25b REG STE		ATURE Qued	av.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campterely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please retrave carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours aft

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execused within 24 hours

Page 4 may be retained by the haspital or attending physician.

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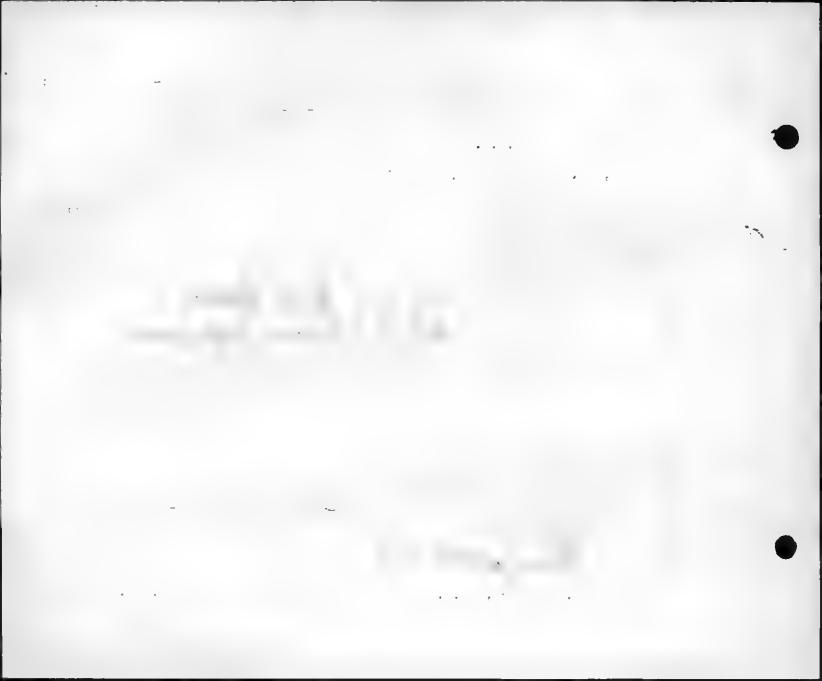
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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2b HOUR 5:00 LINGER 24 HRS HOURS MIN N (SINESS OR										
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Manth Day Year Of Chief in the Control of the C										
State										
White at wark Nat white at wark Nat white at wark Nat wark										
22b. S GNATURE ATTENDING MED. DIRECTOR STAFF 22c DATE SIGNED 22d. PHYSICIAN S 12d. ADDRESS										
(State)										
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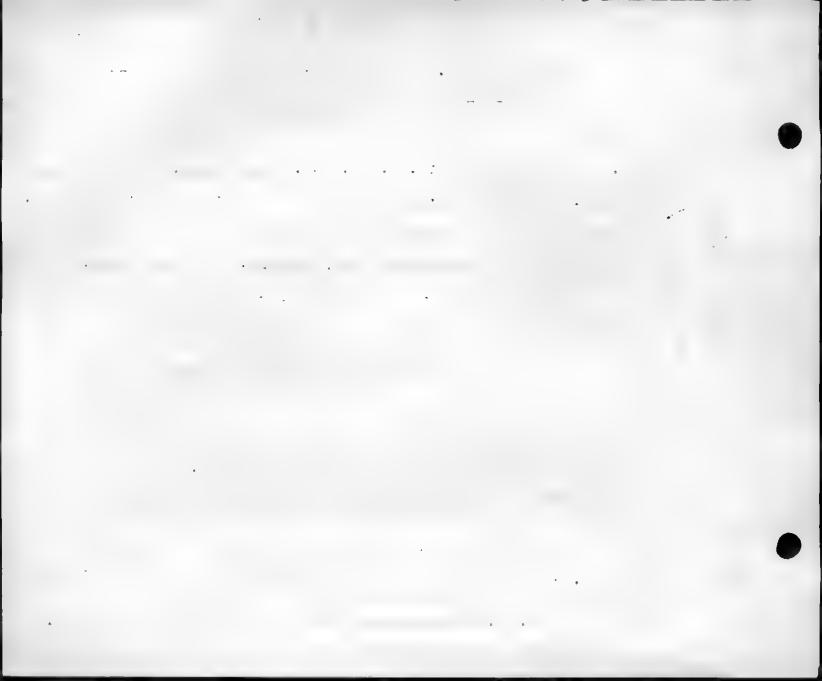
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02035 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP 1 DECEASED-NAME First Middle 20 DATE KNOWN To Month Day 25 HOUR Year (Type or Print) Jenkins 2--12 69 Harry and 3 ta DEATH MATED 4 RACE 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S DATE OF BIRTH 3 SEX 2c DATE PRONOUNCED DEAD 2d HOUR loss bighday) 11-11-89 240 1969 M Wh with the State Depart 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIECK NEVER MARRIED 9 COUNTY OF DEATH Baltimore WIDOWED [DIVORCED [8. Give Pages Marvland 10 CITY OR TOWN OF DEATH 11 MAME OF HOSPITAL OR INSTITUT ON (If not in haspital 12a USUA, OCCUPATION (Kind of work done 12b K NO OF BUSINESS OR give street address to. Co. Gen. Hosp. during most of working life, even if retired) Balto. Auto Auto Macanic 13a. USUAL RESIDENCE (Where deceased lived if institution. Residence before. 3c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Balto. 5531 Windsor Mill Rd. YES MO and 5 in Item 1 er 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Jacob Jenkins Lenora Barnes shauld be farwarded to the Chief Medical Examiners pages 16d WAS DECEASED EVER No. 5 ARMED FORCES? 6b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) 216-05-0686 Mrs. Vola H. Jenkins 5531 Windsor Mill ₩ E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), This certificate should certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) ar remaval, 190 DATE OF OPERATION 19b COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 NO I 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Past 1 or Part 2, Item 18) 5 may be retained far your files.

O FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 2 d NIURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Impury and in my ap n an death resulted fram. -Natural couses (Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4 **EXAMINER** Health J. Nelson McKay NAME (Type ADDRESS(Street, city, town, or county) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Feb. 15,1969 Lakeview Cemetery
ADDRESS Burial Sykesville 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 2Sb REGISTRAR S SIGNATUR Milerally Verden Loring Byers Chapel 8728 Liberty Road 21133 DATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hasp tal or attending physician.

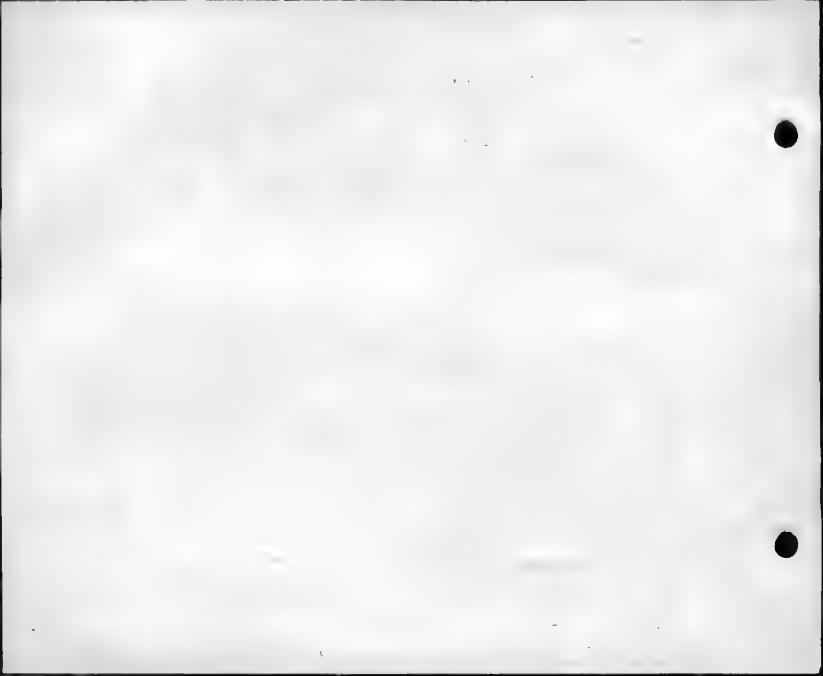
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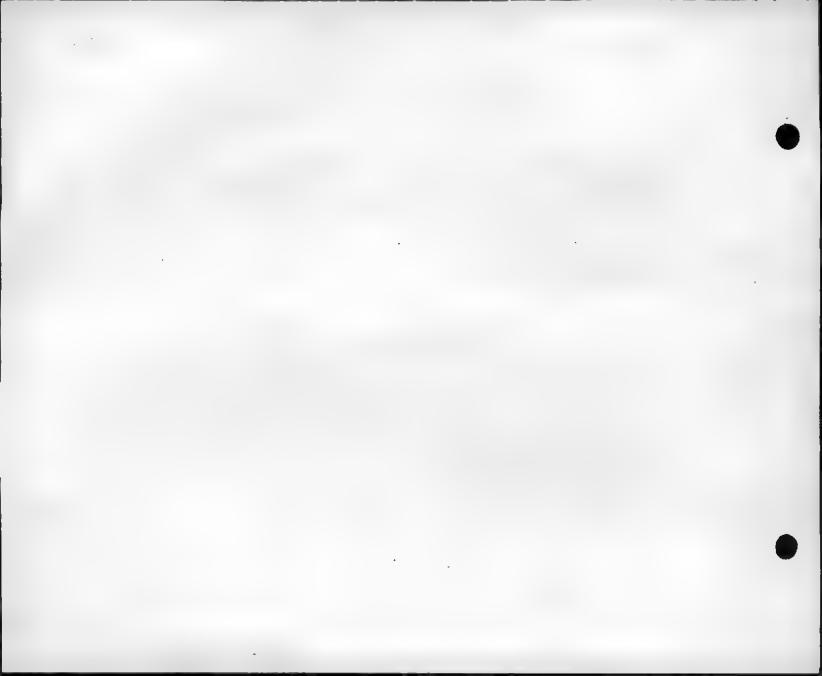
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02036

		U AG U DE T		02036								
		ECEASED NAME Type or print)	First •	Middle	Lost		20. DATE OF DEATH	Doy Year	26 HOUR			
		H 1/1	nre	E	ohnso.		Feb	18 67	P			
	3 SE	Female	4 RACE	hit-	5 DATE O	BIRTH 14.18	6 AGE (In yellost o rehood	BOFS IF JNGER 1 YEAR 19) MONTHS CAYS YRS.	HOORS MIN			
	7o E	BIRTHPLACE (State or fore	gn 7b CITIZEN OF WI	HAT COUNTRY? 8	MARRIED NEVER	MADDIED 9.	COUNTY OF DEATH	TKS.				
		M d	US	A	WIDOWED 🔀 💮 Đ	WORCED 🔲	Baltim	ore	Mo			
1)		T3 altim	OFC Give		sing Hom	fzem gninub	OCCUPATION (Kind of wor of working life, even if re	k done 125 KIND OF etired) INDUSTRY	F BUSINESS OR			
	13o odmi	USUAL RESIDENCE (Where issian) STATE md	deceased lived, if institut 13b COUNTY	tion Residence before 1.	scay or town	13d INS OF CITY LIMITS YES NO MO	13e STREET AND NUM	Gwood Ro	1 2120			
1	14 F	ATHER S NAME First	Middle	Lost		MAIDEN NAME First	N	iddle / / /	tost			
		Char	125	Depero		Catherin	ch (albrigh	+			
		.,	J.S. ARMED FORCES? yes give war or dates at service)	16b. SOCIAL SECURITY NO	17 INFORMANT	hart.	Ad	ddress				
		10 CARLES OF DEATH (S	-1	F /3 /3 1/33				APPROX	MATE INTERVAL			
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PREVIOUS P. PICHT LOWER LODE											
		111) 11			J. FL. E	IGHT L	-OWER L	0/25	P1			
	Conditions, fany which gave rise to immediate cause (a). Stating the under ying couse Lost DUE TO, OR AS A CONSEQUENCE OF (b) ASCVU: CVA, LEFT DUE TO, OR AS A CONSEQUENCE OF (c) ACONSEQUENCE OF (c) ACONSEQUENCE OF (d) ACONSEQUENCE OF (e) ACONSEQUENCE OF (c) ACONSEQUENCE OF (d) ACONSEQUENCE OF (e) ACONSEQUENCE OF (e) ACONSEQUENCE OF (f) ACONSEQUENCE OF (g) ACONSEQUENCE OF (h) ACONSEQUENCE O											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)										
	NO	190 DATE OF OPERATION	NDINGS CONSIDERED IN C	EDTIEVING								
X	CERTIFICAT			IICH OPERATION WAS PERFC	YES		CAUSES OF DEATH?		EKIITING.			
	F C	2 To ACCIDENT WAS UNIT OR CONTRIBUTING (C) CAUS	Port 2, Item 18.)									
	MEDIC	(If either, natify medical	exammer) P.M.	19								
		2 d N. URY OCCURRED While Not while of work	21e PLACE OF INJURY	AT HOME FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION S	treet ar R.F.D. Na	City or Tawn	County	Stote			
			(I) (this hospital) atte	ended the deceased	from 12.1	21, 1968	3 ta 2/18	_, 19 <u>6</u> 3, that	(I) Guert Inc			
		saw the decea	sed alive an 2 abave, (i) (we) (did)	195	and that in	(my) (our) apinio	an death accurred an	the date and haur	and from the			
		22b. SIGNATURE	. 1	2 Mil		NDING MED	CTOR STAFF	22c DATE SIGNED 2/18/6	0			
		22d, PHYSICIAN S			- 11113		I TREDER		7			
1		NAME (Type)	KASAIT	ris, Mil		ALTI IL		21228				
	23o	BURIAL, CREMATION,	23b DATE		ETERY OR CREMATOR	1 2	3d LOCATION (City or Tav	vn) (County)	(Stote)			
0		BEMONAL (Specify)	2-21-1969		Ridge		Pikesvil		Md.			
	24 (funera, Director G. Howard	Strong 32	07 W. Nor	th Ave.,	250 PECA BY R	2 T 1969 Sb R50	ENERS SIGNATURY	dgt.			



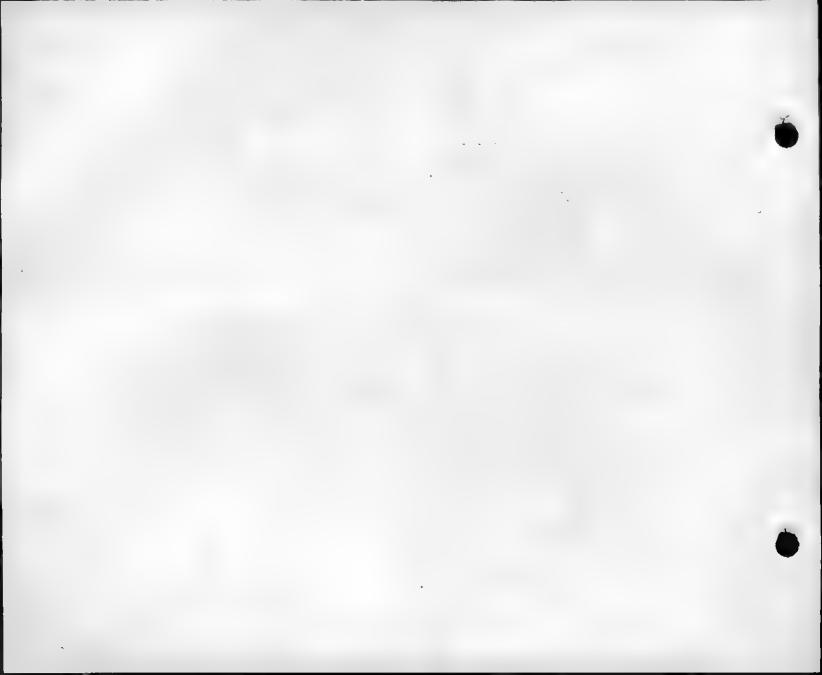
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02037 DECEASED-NAME First Middle Lost campletely filled in by the funeral nave carban papers. Pages 1 and 2 by event, within 72 hours after death. 2g. DATE OF DEATH 2b HOUR be e≡ecuted within 24 ha≡rs after d≣ath (Type or print) Month 0 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years HE LINCER & YEAR lost bighday) HOURS a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED remave carban papers. country) WIDOWED I D. VORCEO NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12g USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR give street oddress) during mest of working life, even if retired.) Summit Nursing Home 130 USJAL RES DENCE (Where deceased yed, if institution Residence before Lisc CITY OR TOWN 13d INSTDE CITY LINITS? .3e STREET AND NUMBER odmiss on) STATE-1/36 COUNTY and in any 14 FATHER'S NAME Middle MAIDEN NAME FIRST 160 WAS DICEASED EVER IN U.S. (RMED ORCES?
Yes, no, or unknown) (If yes give worker do as of service) 7 INFORMANT burial, crematian, ar remaval, law requires that the death certif 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) **burial-transit** rse to immediate couse (a), by DUE TO, OR AS A CONSEQUENCE stating the underlying couse! signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗔 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY OFFICE BUILDING ETC. 21f. LOCATION Street or R.F.D No. City or Town County Stote While Not while at work 220. I certify that (i) (this hospital) attended the deceased from-19 67 to 1967, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on. couses stoted above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22¢ DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS GNE NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE LOSATION (City or Town) (Stote) (County) REMOVAL (Specify)



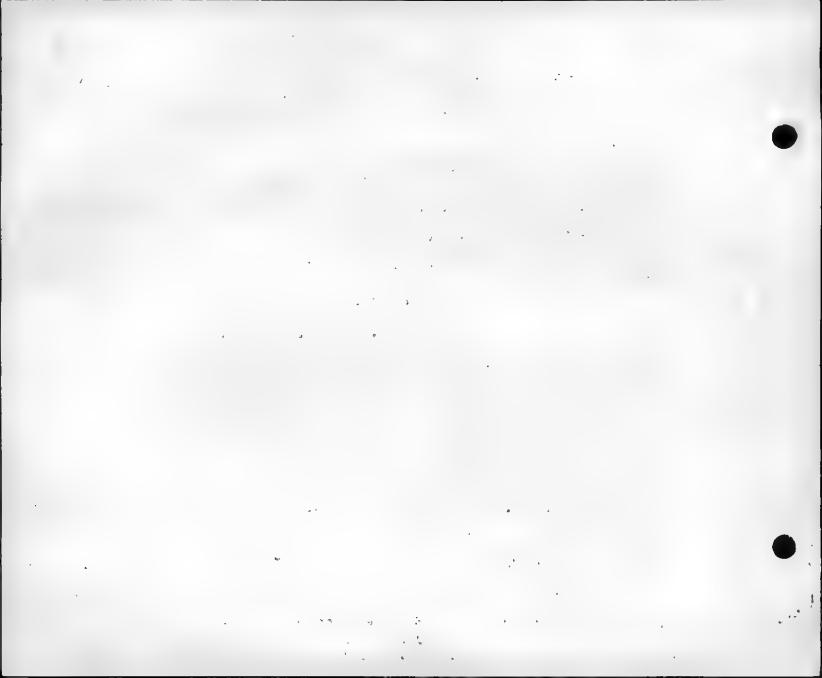
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02038 DECEASED NAME First M.ddle C Last 20. DATE OF DEATH 25 HOUR aw requires that the death certificate be executed within 24 hours ofter death. the attending physician and completely filled in by the funeral sit permit. Then please remove-carbon papers. Pages 1 and 2 notion, or removal, and in any event, within 72 hours after death. FRED (Type of print) JONES 2:10M 3 SEX 4. RACE S. DATE OF BIRTH 3/25/97 IF LINDER YEAR 6 AGF (In years IF UNDER 24 HRS MALE NEGRO lost_birthday) HOURS 7a. BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VIRGINIA BALTIMORE COUNTY, U.S.A. WIDOWED [DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during most of warking life, even if retired) PACTRING HOUSE FORT HOWARD burial, cremotion, or removal, and in any event, 13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY JMITS? 13b. COUNTY YES Y NO T 1618 N. Bond Street BALTIAORE 4 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First Last Middle Last JONES FANN IE WALKER WILLTE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na. ar unknawn) CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) COINGEST LVE 1 BETWEEN OHSET AND DEATH CONGESTIVE HEART FAILURE burial-transit permit. 2 MONTHS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) 15 YEARS (b) ARTERIOSCLEROTIC HEART DISEASE rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been DIABETES MELLITUS, PULMONARY EMPHYSEMA, ARTERIOSCLEROTIC OBLITERANS 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO AUTOPSY YES 🗔 be detoched for use State Dept of Health 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 32/12/68 saw the deceased alive an 2/5/68 2/5/09 10 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abavex(1) (we) (did) (didxnat) view the bady after death. 226 SIGNATURE 2/5/69 dear march **ATTENDING** DEGREE DIRECTOR FORT HOWARD, MARYLAND PÉTER V. JUVAN, M. D. 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (Caunty) (State) BREMOYA (Specify) BALTIMORE, MD. BALTIMORE NATIONAL ELLTOTT FUNERAL HOME 250 RECD BY REGISTRAR 1123 N Car ine St. DALETE 1 Nd. 18 24 FUNERAL DIRECTOR 256 REGISTRAR S SIGNATUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82044 CERTIFICATE OF DEATH 02039 in by the funeral rs. Bages 1 and 2 pours after death. last 2a. DATE OF DEATH 2b HOUR Middle 1. DECEASED-NAME First law requires that the death certificate be executed within 24 hours after death Manth Year (Type or print) J. Kalivoda 969 :15AM Joseph IF UNOER 1 YEAR IF UNDER 24 HRS. S DATE OF BIRTH 6. AGE (In years 3. SEX 4 RACE DAYS HOURS last birthday) 54 6-18-1914 Male Cau. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [X] NEVER MARRIED [7] country) WIDOWED [7] DIVORCED [physician ond completely filled in the properties of the properties ovel, ond in ony event, within 79 Md. USA Balto 12a, USBAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH INDUSTRY Box 51 Bottom Rd. during most of working life, even if retired) or removol, ond in ony event, witl Hyde 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY NO 🗆 Ral to Hyde Bottom Rd 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Joseph Kalivoda Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (If yes give war or dates of service) 056-16-8439 Wife Same APPROXIMATE INFERVAL signed by the attending pl burial-transit permit. There burial, crematian, or remove 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occulsion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Hypertensive Cardiovasular disease rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Arteriosclosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been os the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO X YES 🖂 be detached for use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) State 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f, LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 22a. I certify that (I) (think hours of the deceased from Oct. 9th., 19 67, to Feb. 22., 19 69., that (I) (think hours of the deceased alive an Feb. 6... 19 69, and that in (my) (my) aprinian death occurred an the date and hour and from the be retained should director, page 3 should should be filed with the causes stated above, (I) (Xe) (did) (dXXX) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS. 2-22-1969 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Henry L. McCorkle, M.D. Jarrettsville Pike. Phoenix. Md. 21131 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23b. DATE 23a BURIAL, CREMATION, Baltimore, Maryland BUT A (Specify) 2-25-1969 Druid Ridge Cemetery 1969 FLOOR S SIGNATURE 25d. REC'D BY REGISTRAR
DATE FEB 2 5 1090ESYork Rd. 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, Inc. Towson, Md. 21204 30M REV



STANIS LAUS

JOM REV

CEORGE A. WEBER- 705 S. AND ST.

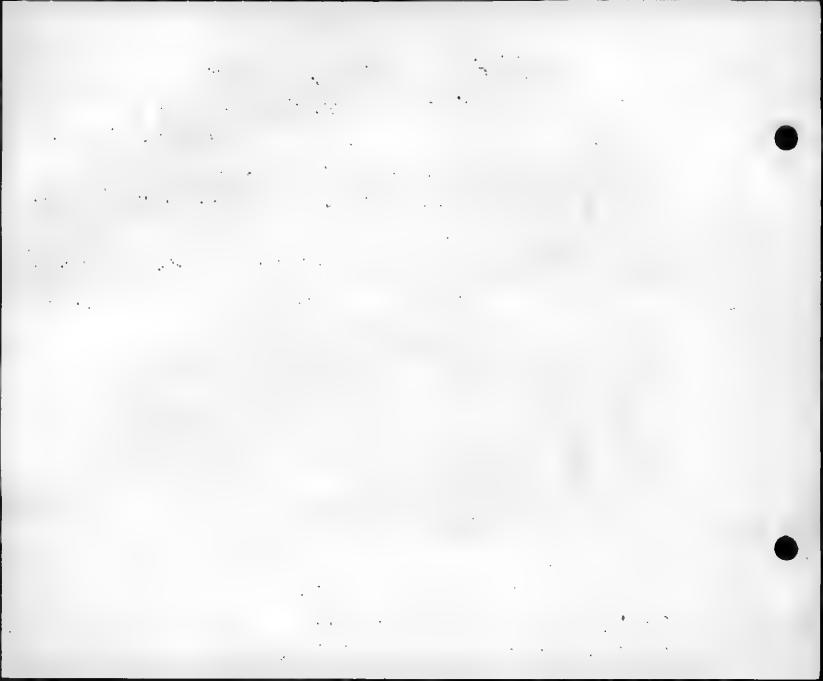
23b. DATE

25a. RECIE EL REGISTRAR

DATE

23d LOCATION (City or Town)

(State) Md.



02046 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02041 CERTIFICATE OF DEATH Middle Last 2a DATE OF DEATH 2b. HOUR DECEASED NAME First 24 hours ofter death. Arthur (Type or print) nmi 02 Month Katzeneıl 69 Year 9:15 am IE LINDER 24 HRS 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER YEAR Male White last bythday) 8-1-03 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign EXXXBALTO. MD. USA Baltimore DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within Randallstown Gen Hosp during mast of working life, even if retired) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS7 physician and complet event odmission) STATE Balto 3902 Hilton Rd. Apt 25 burial, cremation, or removal, and in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last XXXXXXXXX UNKNOWN XXXX JENN1E pleose 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) MRS. LENA KATZENELL. 3902 HILTON RD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH Candit ans if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been as the 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18. OR CONTRIBUTING CAUSE OF DEATH HOUR AM (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) | 21f LOCATION | Street of R.F.D. No. State City or Town County While Not while of work 22a I certify that (I) (this haspital) attended the deceased fram 2-4-, 19 <u>69</u> , ta <u>2-6-</u> and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an.... director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c DATE SIGNED PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Simon Calle, BALTIMORE COUNTY GENERAL HOSPITAL 23b DATE 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a. B JRIAL, CREMATION 2-7-69 HEBREW FRIENDSHIP BALTIMORE, MARYLAND 250 RECOLEX REG STRAR 198 956 REGISTRAR 9-SIGNATURE 24. FUNERAL DIRECTOR LEVINSON & BROS. 6010 REISTERSTOWN ROAD 30M REV 1

4 *

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02047 CERTIFICATE OF DEATH 1 DECEASED-NAME Ferst Lost 2a DATE OF DEATH 2b. HOUR deoth. requires that the death certificate be executed within 24 hours after death physicion and completely filled in by the funeral en please remove corban papers. Pages 1 and (Type or print) ABRAHAM KIRSHNER 3. SEX 4. RACE hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) WHITE MALE AUGUST 5. 1912 70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BALTIMORE WIDOWED [DIVORCED event, within 72 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR BALTIMORE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 3d. INSIDE CITY LIMITS? 136 COUNTY LTIMORE 7013 CONCORD ROAD buriol, cremotion, or removal, and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First First Middle Lost Last KIRSHNER REBECCA HARRY 16b. SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, ar unknawn) ESTHER KIRSHNER. 7013 CONCORD ROAD 171-07-9115 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b)) and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE, O signed by the buriol-transit p Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been os the Health prior to 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of mjury in Port 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town Caunty State While Not while at work at work ATTENDING 22a I certify that (I) (this hospital) offended the deceased from 10/10 . 10 . to 11/10 . 1967, that (I) (we) last saw the deceased alive an 11/10 . 1962, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did nat) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED DEGREE director, page should be filed DIRECTOR PHYSIC AN S 22e, ADDRESS NAME (Type) ISADORE SBOROFSKY 4734 PARK HEIGHTS AVENUE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) BNAI ISRAEL 2-12-69 BALTIMORE. MARYLAND 24 FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR Climber Judas BROS., 6010 REISTERSTOWN ROAD



death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02043

Whenelon Vargan

		CERTIFICATE OF DEATH										
1.	DECEASED-NAME	First		Middle		Last		2a. DATE OF DEATH				2b HOUR
	(Type or print)	JENNIE	REBECCA			NITZ	2	2 Month 28 Day 69 Year			8:20 m	
3.	SEX		4 RACE			S. DATE OF B	IRTH		6 AGE (In	yeors	IF JNDER YEAR	IF UNDER 24 HRS. HOURS MIN.
L	FEMALE WHI			HITE					lost birth		MUNITES UNTS	HOURS HIM.
	BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	O 🔀 NEVER MAI	RRIED 7	. COUNTY OF				
	<u> BALTIMOR</u>	E. MD.		S.A. WIDOWED DIVORCED			BALTIMORE Md					
110	0. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF										F BUSINESS OR	
	BALTIMORE GR. BLATO MED CENTER HOUSEWIFE NOTE											
< [13	do USUAL RESIDEN dmission) STATE,	ICE (Where deceoses	d lived, it institut 136 COUNTY .	tion Residence before	1		13d INSIDE CITY LIM		REET AND N			
ŀ	dmission) STATE	ARY LAND	L BA	LTIMORE	RANDA	LLSTOWN		_ 3/6	5 PIK		D DRIV	
; [4 FAIREK 3 NAME FIRST M.ddle			lost	IS. MOTHER'S M	MOTHER'S MAIDEN NAME First Middle					Lost	
	ISAAC ROSE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC					INFORMANT	UN	IKNOWN		Address		
ď	Yes, no, or unkno	MU) (It has due man	or dates of service)				ID VUIT	7 270			ກຸກກ	#01177
F				220-24-5		IR. PHIL	TP KNII	L, 317	2 PIK	EZMOO		XIMATE INTERVAL
П	PART 1			ine far (a), (b), and (a		īC					BETWEEN	ONSET AND DEATH
Т	15-1	IMMEDIATE CAUSE (0) G. I. BUEEDING										
H	OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) AND COTTAR TITTED DAMA CR											
Н	rise ta imme	rise to immediate cause (a). (b) MASSIVE DIVER DAVAGE										
П	last	stoting the underlying cause OUE TO, OR AS A CONSEQUENCE OF THE PANCREAS										
П	PART 2 OTHE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)										
ı,	z											
	19a. DATE OF O	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERA				20a. AUTOPSY?			20b. IF YES, WERE FINDINGS CONSIDERED IN CERT			CERTIFYING
		YES NO (AUSES OF DEATH?										
_	Etc. the et the et the et the etc. the								em 18.)			
	(If either, nati	To a contributing Cause of ocath HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19										
1		CCURRED 21e. P	LACE OF INJURY	(AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY) 21f	LOCATION Stre	et or R.F.D No	City	or Town		County	Stote
П		WUIK				2/0						
н	22o. I cert	220. I certify that (I) (this hospital) attended the deceased from 2/9, 19 69, to 2/28/, 19 69, that (I) (we) last saw the deceased alive an 2/28 19 69, and that in (my) (our) opinion death occurred an the date and hour and from the										
	canse	saw the deceased alive an 2/20 1909, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
	22b. SIGNATUR	22b. SIGNATURE 22c. DATE SIGNED										
П	1	men. An Analysis of MED. STAFF DIRECTOR WED. DIRECTOR PHYS. D 2/28/69										169
ΙL	22d. PHYSICIA NAME (T)		O.LIN	MD		22e AD0	ORESS GREA	TER E	ALTO	MEI	CEN	TEŔ .
		The state of the s										
2	3a BURIAL, CREMI REMOVAL (Spe	ATION, 23b D/				OR CREMATORY		23d. LOCATIO	, ,	,	(County)	(Stote)
-	BURTAL 4. FUNERAL DIREC		28-69	MOSES ADDRES		FIORE	2Sa. REC'D BY	BALTIN	WRE.	MARY L	AND	
			209 601	10 REISTER		ROAD						
	OAF FFAT	MOVIE & DI	CANA PRO	A 1/020101			DATEMAR	3 10	Cq :	31 Addens	Pan Voc	AND TO SERVE

DATEMAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by therforeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages and 2 should be filled with the State Dept at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.





State

02045

12b KIND OF BUSINESS OR

Office

Schneider

BETWEEN ONSET AND DEATH

MONTHS

INDUSTRY

2b. HOUR

County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 1907, 19 60, to 1967, 1967, that (I) (we) lost saw the deceased alive an 1967, and that in (my) (our) apinian death accurred an the date and have and from the

22b. SIGNATUR

causes stated abave, [1], (we) (did) (did not) view the bady after death.

ATTENDING PHYS 22e, ADDRESS

DIRECTOR

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (Type) William G. Heafrich M.D. 23c. NAME OF CEMETERY OR CREMATORY

5006 Roland Ave., Balto., 23d. LOCATION (City or Town)

Cremation Greenmount 24. FUNERAL DIRECTOR
H.W. Jenkins & Sons Co. 4905 York Rd., Balton 24. FUNERAL DIRECTOR

23b DATE

Baltimore 250. REC'D BY REGISTRAR 969 25b.

(State)

Page 4 may be retained by to FUNERAL DIRECTOR: After 30M REV

230 BURIAL CREMATION

be executed within 24 hours after death.

remuires that the death certificate

be retained by the haspital ar attending physician.

78

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y delay is and 3 to Page d

> pencil in Item 18 Give Pages 1, miner's Office alang with farm pages land 2 with the State

naurs after death.

certificate shauld be executed within 24 hours after death

09051

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1120	O I	MEDICA	AL EXAMINER	'S CE	ERTIFICATI	OF DE	ATH			UZU	45	
1 DECEASED No.			Middle		Last			20. DATE KNOWN OF ESTI DEATH MATED	Month	15 ^{Doy}	Yeor 6,9	25 HOJR
3. SEX	4 RACE White	S DATE OF BIRTI	H 6 AGE	(In years uthday)	Kriege FUNCER YEAR MONTHS OAYS	IF UNDER HOURS	24 HRS.	DEATH MATED 2c. DATE PRONOUN Month 2				2d #OUR
country) Ma	•	75 CITIZEN OF WHA USA		WIDC	_	VORCED 🗌	E	nty of DEATH Baltimore				AM Md.
	ville, Md	give str	we of Hospital or ins	Fore	est Dr.2	1231 Pring	montal		Retit			
13a. USUAL RE odmissian)	SIDENCE (Where dece STATE Md.	osed fived, if institute 13b. COUNTY B	alto.	Park	or town ville	YES 1		3054 Oak		st Dr	. 21	.234.
14. FATHER'S N	AME First Elmer	Middle F .	Krieger		15 MOTHER'S M		ula ula		Middle	Batze	last P	1
160. WAS DECEA (Yes, go, or a N O	SED EVER IN U.S. ARMES nknown) (11 yes gr	FORCES? ve war or dates of service)	I 6b. SOCIAL SECURITY NO		7 INFORMANT Mr. Edwa	ard N.	Kri	eger,762	RESS 2 Mar			
	RT I DEATH WAS CAUS		e for (o), (b), end (c)) Arteri	oscl	Lerotic	Cardio	vasc	ular Dis	ease		PROX MATE EEN ONSET	INTERVAL AND CEATH
	Conditions, if ony, which gove (b) DUE TO, OR AS A CONSEQUENCE OF											
last	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
190 DATI	OF OPERATION	1	9b. CONDITION FOR WI WAS PERFORMED?	HICH OPE	RATION						AUTOPSY YES	
PRIMARY CAUSE O	RNAL CAUSE WAS ON CONTRIBUTING F DEATH		NJURY Manth, Day, Year	2	TC. HOW INJURY	OCCURRED (En	iter notur	re of injury in Port	1 or Perl 2,	Item 18)		
- 110 1100		PLACE OF INJURY (At foctory, office building,		2	rif LOCATION Stre	et or RFD No	1	City or Town		County		State
	th resulted from:		e remoins describe		_			pection, Undetermine	Inquiry (ed monne		d in m	y opinion
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED											
EXAMIN NAME (IER'S Tγpe)	Werner Y	Spitz,		A	EPUTY MEDICA DDRESS(Street		NER wn, or county)	_2/	16/196	אכ	
230 BURIA. (REMOVA		2/19/69.			or crematory Cometer				,	(Caunty) a Md		tote)
24. FUNERAL Leonar		, Inc. Bal	lto. Md. 2		b	250 RECT	D BY REG	1969 A	REGISTRAR	S SIGNATURE	3-	

5 may Te mained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health priar ta burial, trematian, ar remaval, and in any event within 72

the fumeral director. Page 4 should be farwarded to the Chief Medical Exa necessary, please execute the certificate, writing the ward "pending in This

SICAL EXAMINER:

TO DEPUTY





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	00000	DITIDIO	OF THAT RECORDS,				more, mi	AKTLAND A				
	02053					DEATH			1	02048	848	
1	DECEASED-NAME (Type or print)	First	Middle		East		20 DATE C				2b. HOUR	
L		MARK	ANDREW		LEVA		FEBR	UARY Month	19,	1989	5:30	
3	SEX	4 RACE			S. DATE OF I	BIRTH		6. AGE (In	vegrs	IF UNDER , YEAR	IF UNDER 24 HRS	
	MALE		WHITE		JULY 2	25, 1967	7	lost birth	doy)	HON THS DAYS	HOURS MIN	
7a	 BIRTHPLACE (State or fore juntry) 	ign 7b CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MA	RRIEDXX	9 COUNTY 0)F DEATH				
100	MARYLAI	VD U.	S.A	WIDOWED			BALTI	MORE,			Me	
	CITY OR TOWN OF DEATH TOWSON		11. NAME OF HOSPITAL OR IN give street address) ST	. JOSE	PH HOSE	12a USUA PI TATu ng ma	1 OCCUPAT O	N (Kind of w	ark dane retired.) one)	126 KIND OF E INDUSTRY	ILSINESS OR	
7 od	o USUAL RESIDENCE (Where Imission) STATE MARYT.	deceased lived, if 13b COU	nstitution: Residence before NTY ALTIMORE	Balt:	imore	YES NG		STREET AND NE		r #212	34	
14	FATHER'S NAME FIRST	Mig	ddle Lost	1	S MOTHER'S A	AAIDEN NAME FI	rst		Middle	107 107	Last	
L	Pai	1] [Lev	7a		She	elbie			Grale	y	
16	So. WAS DECEASED EVER IN Yes, na, or unknown)	L S. ARMED FORCES? Fyes give wor or dotes of serv	16b. SOCIAL SECURITY None		informant r. Paul	L S. Lev	7a		Address (Sa	ame)		
	18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).)										ATE INTERVAL ISET AND DEATH	
П		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Diffuse encephalopathy										
П	DUE TO, OR AS A CONSEQUENCE OF											
Т	Conditions, if any, which gave (b)											
П	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
н	lost.) (c)									
ı		ANT CONDITIONS CON	ITRIBUTING TO DEATH BUT N	IOT RELATED T	O THE TERMIN	AL DISEASE OR CO	ONDITION GIV	EN IN PART I	(a)			
CEDTIEICATION	19a. DATE OF OPERATION	195 CONDITION FO	OR WHICH OPERATION WAS PE	RFORMED	20a AUT	OPSY?	20b	IF YES, WERE I	E FINDINGS CONSIDERED IN CERTIFYING			
199						YES X NO			CAUSES OF DEATH?			
		DERLYING 216 T	IME OF INJURY	21c H	HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Pa				or Part 2, its	em 18.)		
MEDICAL	OR CONTRIBUTING CAU		A.M. Manth Day Year P.M.									
MER	21d. INJURY OCCURRED While Nat while at wark		URY (AT HOME, FARM, STREET, FA		OCATION Stre	et ar R.F.D. Na.	£it	ty or Town		County	State	
	22a. I certify that	(A) (this haspital) attended the deceas	ed fram p	ebruar	7 17 19 (59., to <u>F</u>	ebruar	y1919.1	69_, that	(N (we) las	
	saw the deced causes stated	22a. I certify that (4) (this haspital) attended the deceased from February 17, 19, 69, to February 1919, 69, that (1) (we) last saw the deceased alive on February 19, 19, 69, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
	22b SIGNATURE	22b SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR STAFF PHYS PHYS PHYS PHYS PHYS DIRECTOR PHYS PHYS										
	22d PHYSIC ANS NAME (TYPReyr	aldo Orju	ela-Gomez, M		22e ADI 76	DRESS 20 York				. 21204	ŀ	
	d. BUR A., CREMATION, PEMOVA: (Specify) BURIAL	23b DATE 2/21/6		ns of	Faith (Cemeter	7 U	ION (City or To Baltimo	TO M	(Caunty)	(State)	
24	Teonard J.	Ruck, Inc	. Balto. Md.	2 121	ކ	PEC D BY	2 0 19	69 25b A	CISIRAR S S	GNATURE S	C.E.	

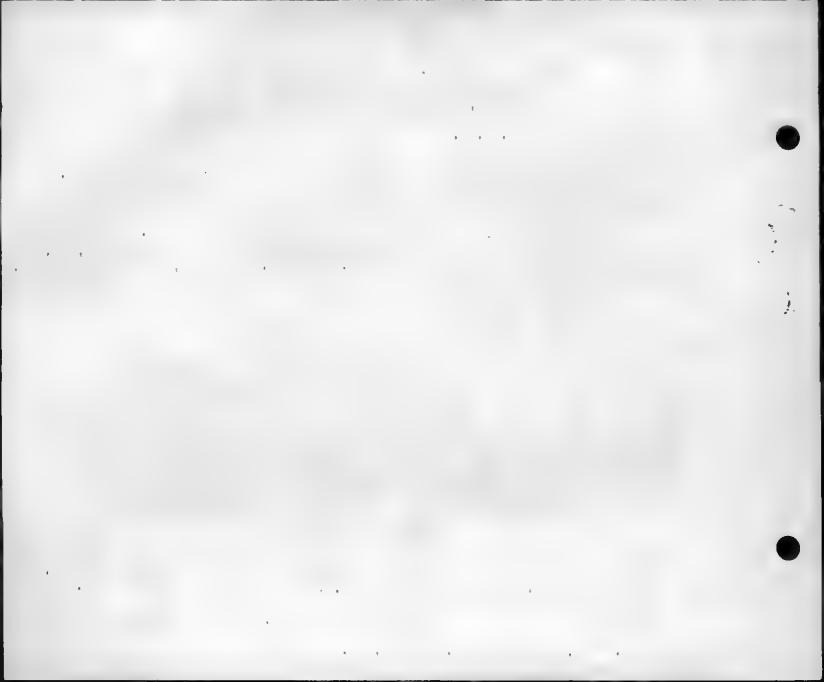
TO FUNERAL DIRECTOR: After this certificate has been signed by the attendidirector, page 3 should be detached for use as the burial-fransit perrait should be filed with the State Dept. of Health priar to burial, cremation, at VR A15 45M 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

ing physion and completely filled in by the further please remove corbon papers. Pages 1 Pagayet, and in any event, w thin 72 hours after

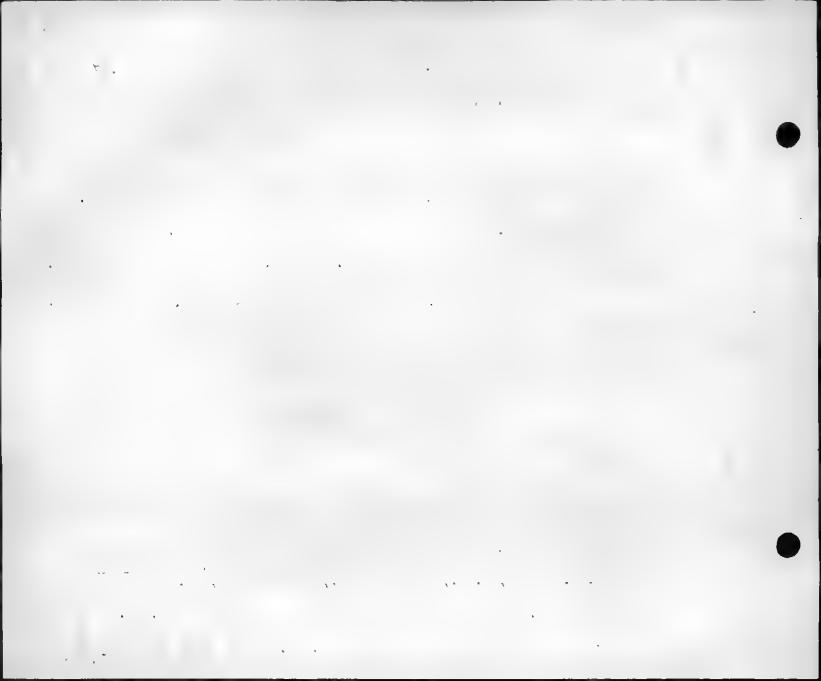




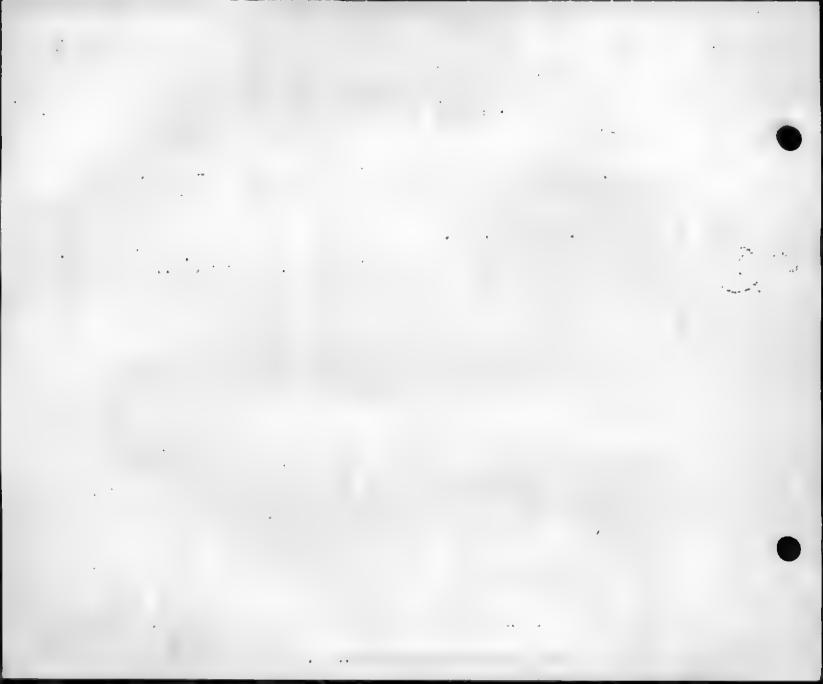
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02055 02050 CERTIFICATE OF DEATH and 2 death. e executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY filled in by ... Pages i papers. Pages i ... 72 haurs after d o. STATE b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RUPAL and give nearest town. Baltio. Baltimore 9. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sereet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled 6733 Broadview Rd. 6733 Broadview Road YES NO X NAME OF carban Middle Lost 4. DATE Month Doy DECEASED Julia M. Lochte February 13. (Type or print) 69 DEATH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last buthdoy) Months Days Female White WIDOWED K DIVORCED 10o. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificate Baltimore Co. . Md. 14. MOTHER'S MAIDEN NAME аг гетача Frank J. Lochte IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT AddBaltimore 9.Md. (Yes, no; esunknown) (If yes give wor or dotes of service Mr. Joseph Lochte, 6733 Broadview Rd.. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH KTASTUTES IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this-hospitol) attended the deceosed fram TO FUNERAL DIRECTOR: 19-69, and that death accurred at 5 14th, fram causes and on the date stated above. saw the deceased_alive an___ 22o. SIGNATURE ATTENDING 22c PHYSICIAN'S Francis T. Daly, M.D. Chase STreet NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) Feb. 15, 1969 Druid Ridge Cemeterv Pikesville Baltimore .Md. 256 REGISTRARS SIGNATURE VR A15 (4) 25M 1/67







1 1		PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		CERTIFICATE OF DEATH	02053
HEALTH DEPT.	DECEASED NAME First Middle	Last 20 DATE KNOWN Mont	th Day Year 2b HOUR
ay is 3 to Poge ent af	MICHHEL	LOSKARN 1 DEATH MATED & 2	-16 1969250A
y delay , and 3 PM3. Po artment	SEX 4. RACE S DATE OF BIRTH 6. AGE (in your lost birth on lost birth		Yeor 10 40 200 A
PA PA	D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED 9. COUNTY OF DEATH	170/15-/1
farm farm		WIDOWED DIVORCED Ballring	ie M
offer death hy delay is 8. Give Pages 1, 2, and 3 to alang with farm PM3. Page with the State Department of leath.	Balto. County 11. NAME OF HOSPITAL OR INSTITUTION OF DEATH 12. NAME OF HOSPITAL OR INSTITUTION OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION OF DEATH 14. NAME OF HOSPITAL OR INSTITUTION OF DEATH 15. NAME OF HOSPITAL OR INSTITUTION OF DEATH 16. NAME OF HOSPITAL OR INSTITUTION OF DEATH 17. NAME OF HOSPITAL OR INSTITUTION OF DEATH 18. NAME OF HOSPITAL OR INSTITUTION OF DEATH 18. NAME OF HOSPITAL OR INSTITUTION OF DEATH 19. NAM	TION (If pos in hospital 120. USUAL OCCUPATION (Kind of work don during most of working life, even if cetired. Student-St.	
iter Give ang th th	30 LSUAL RESIDENCE (Where deceased I ved, if institution, Residence before 13c	CITY OR TOWN 13d INSIDE CITY LM TS? 13e STREET AND NUMBER YES NO 1010 HATWAY	moi -
S. a week or	odmission) STATE MC 136 COUNTY Ballo CO,		WX1 21207
Hem Item	FATHERS NAME First Middle Lost Michael J. Loskarn, Sr.	15. MOTHERS MAIDEN NAME First Middle Marie Dolores Franz	last
2 2 2 2 2	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT 1010 Mary	wall Rd.
within pencil Examine Examine File pale	(Yes, na, or unknawn) (II yes give war or dates of service)	Michael J. Loskarn, Šr.,	21 207
ecuted in signal in signal E	18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY	1 VV! A.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in net Medical B ansit permit I event within	IMMEDIATE CAUSE (0)	1 1 / 1 / 1	
ef N	DUE TO, OR AS A CONSEQUENCE OF		
shauld be existed word "pend "pend "pend "pend "pend "the Chief Me urial-transit pin any event	rise to immediate cause (a), (b) Storing the underlying cause (DuE TO, OR AS A CONSEQUENCE OF		
shauld be ne ward "pe ta the Chief burial-transit	last. (c)		
2 T = 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifica arwardec used as moval, a	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF NURY Month, Day, Year	OPERATION	2D. AUTOPSY?
this cate, a far far far rem	WAS PERFORMED?		YES 🔀 NO 🗍
· 프 및 프 및 -	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 250 PRIMARY OF DEATH 216 19 69	Plastin Soft Con Report nature of James in Portal or Ports	y the puller
KAMINER: te the certi ye 4 should your files. age 3 shoul		21f LOCATION Street or R F D/No City or Town	County State
cal Examiner: execute the cert or Page 4 should of for your files. TOR: Page 3 shou	AT WORK AT WORK AT WORK	1010 HARNALLIKA	BB170 2.120
CAL E executor Porton P	220 I certify that I took charge of the remains described ob		
lease d recto	death resulted from: Notural causes , Accident)	Suicide , Homicide , Undetermined monni CHIEF MEDICAL EXAMINER	er 🔲
TY, pleaserd of recipients of retain the prior to	ACTUAL SIGNATURE SIGNATURE		ATE SIGNED
	EXAMINER'S WERNER'S IN.	SPI 7 - PEPUTY MEDICAL EXAMINER 2 ADDRESS(Street, city, town, or county)	16 69
necessa the fun 5 may 10 FUNE Heolth	30. BUR AL CREMATION. 23h DATE 23c NAME OF CEMET		(County) (State)
F F	REMOVAL (Specify) Burial 2-19-69 Loudon F		, .,
12	4 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 REGISTRA	SIGNAPURE CONFES
VR A15ME (1)	Witzke, 4101 Edmondson Ave, Ba	ito. Md DATE FEB 18 1989 4	0.0
100			

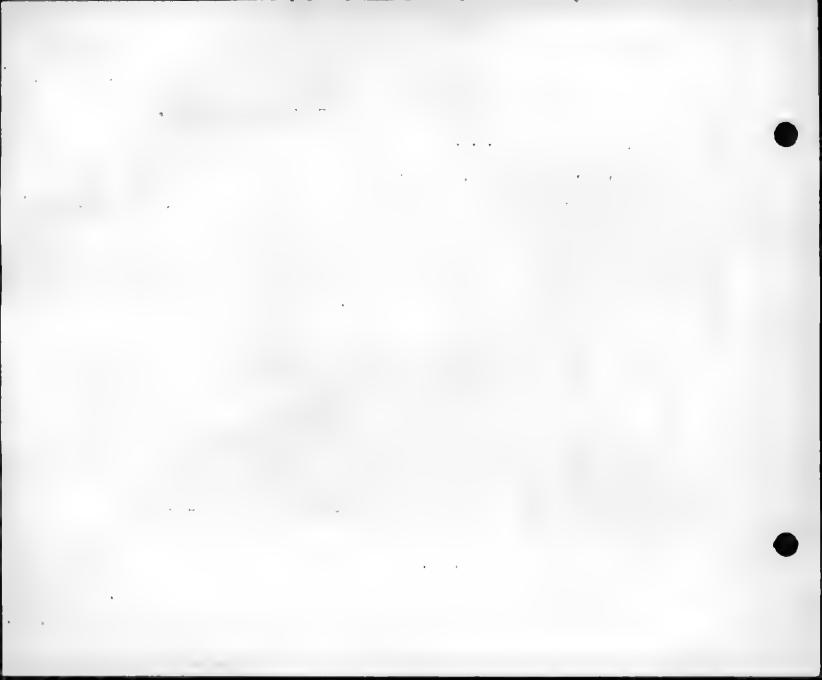


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02059 02054 CERTIFICATE OF DEATH First 20. DATE OF DEATH 1. DECEASED NAME 2b. HOUR and 2 death. law requires that the death certificate be executed within 24 haurs after death (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please Temove carban papers, Pages I and burial, cremation, ar remayal, agd in any event, within 72 haurs after deat Alphonse Ludwig 4. RACE IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR 6. AGF (In years last_birthday) Male Caucasian 8-12-07 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARR ED country) Maryland U.S.A. WIDOWED [DIVORCED [Balto. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) St. Joseph during most of working life, even if retired)
Bartender Ret. INDUSTRY Towson 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Maryland 1186 COUNTY Baltimore 3700 Ridgecroft Rd Xyo ui pag Middle 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Anton Ludwig Unknown Anna 16b. SOCIAL SECURITY NO. Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) I (If was give wor or dates of service) 212-01-8212 Anna Ludwig. 3700 Ridgecroft Rd APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HDME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. C 20 saw the deceased alive on... , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR R-30 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAMF (Type) 5017 Harford Rd. Sebastian Russo. M.D. director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL Specify) Gdns. of Faith 2-25-69 Balto., Md. 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A1500 1969 Leonard J. Ruck, Inc., 5305 Harford Rd. 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02055 CERTIFICATE OF DEATH 26 HOUR P 1. DECEASED-NAME First Lost 2g, DATE OF DEATH ocamp etely filled in by the funeral move cortion papers, linges 1 and 2 requires that the death certificate be executed within 24 haurs after death (Type or print) 10:15M MACK HENRY 10 3. SEX 4. RACE S. DATE OF BIRTH FUNDER YEAR SE LINDER 24 HPS. 6. AGE (In years last bythday) 8-17-1887 WHITE MALE 70 B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARR ED Baltimore WIDOWED K DIVORCED [U.S.A. Maryland 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120. USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired) INDUSTRY give street address) Towson, Md. St. Joseph's Hospital Chgineer 130. LSJA. RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN and in only event, 13e. STREET AND NUMBER 13d. INSIDE CITY UM TS? admission) STATE N. COUNTY Md. Baltimore YES 😿 NO -705 S. Fagley St., 21224 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle signes by the attending physicion and burial-transit permit. Then please retaburial, cremation arrement First Middle John Mack Katherine ? 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, or unknown) I ves give war or dates all service) 212-07-4306A Phillip T. Mack Same 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (a) ____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Generalized Arteriosclerosis rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Broncho pneumonia. terminal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar to 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO V 21d ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a I certify that (1) (this hospital) attended the deceased from 2-3, 19,69, to 2-10-, 19,69, that (1) (we) last saw the deceased alive an 2-10, 19,69, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. ______, 19_<u>69______, 19_69_, that XI) (we) last</u> 22c DATE SIGNED 22b SIGNATURE **ATTENDING** MED. DIRECTOR director, page 3 should be filed v 2-10-69 Gualberto Kokim, Jr. DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S GUALBERTO GOKIM JR. NAME (Type) 7620 York Rd. Towson. 7225 Eastern Blvd., Ba. Co., Md. 23c NAME OF COMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE 2-14-69 Oak Lawn Cemetery 901 S. Workling St. Balto., 21224, Md. 250 REC D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Williams and andas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02061 02055 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR filled in by the funeral papers. Pages I oild (Type or print) Month requires that the death certificate be executed within 24 hours after deal Bertha Manko ROSE 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 74 HRS. D 6 AGE (in years last buthday) 3/28/81 F EMALE WHITE 70. BIRTHPLACE (State or Joseph country) BALLIMUKE Maryland 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Baltimore DIVORCED [7] WIDOWED IX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Professional House INDUSTRY during most of working life, even if retired)
HOUSEWIFE Log No. Pikesville physician and completely HOME n dny event 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER N3b. COUNTY YES X Balto. Park 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Middle Last ond in (Herman Rose Ettlinger Regina PARK TOWER Stress EAST. APT. 111 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, na or unknown) buriol, cremation, or removal, 216-46-4047 RUTH NEWHOFF PARK HGHTS. signed by the attending phy burial-tronsit permit. Then 18 CAUSE OF DEATH (Enter only one cause per tige for (a), (b), and (c)) PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) vadu Canditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 2 o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 22a. I certify that (1) (this hospital) atteided the deceased from saw the deceased give an saw the deceased alive an 1967, and that in (my) (por) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (and) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE director, poge 3 PHYS. 22e. ADDRESS PHYSICIAN S Louis H. Schaffer 222 W. Cold Spring NAME (Type) 230 BURIAL, CREMAT ON, REMOVAL (Specify) BURIAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND 2-19-69 OHEB SHALOM 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

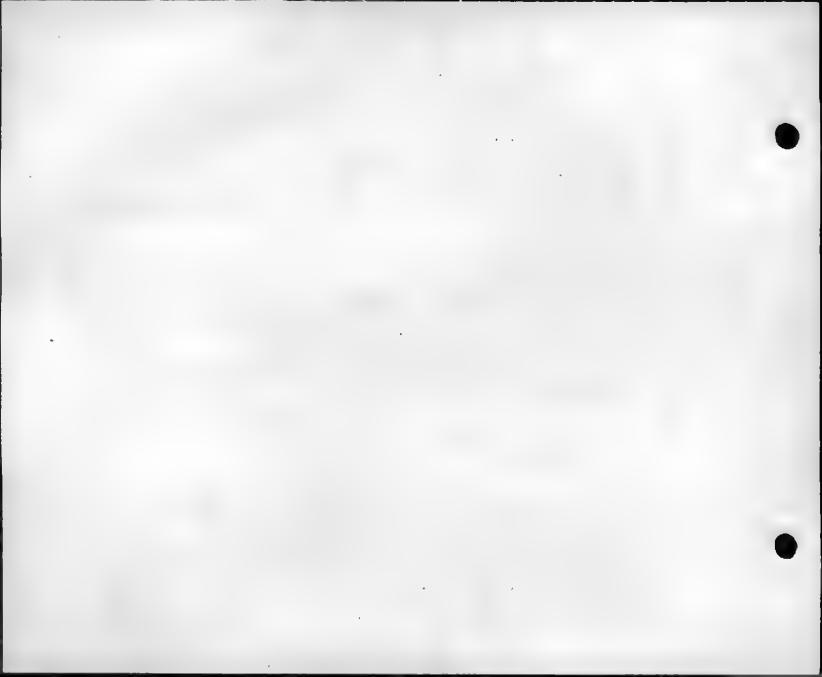


02057

		CERTIFICATE OF DEATH										
and 2 death		ECEASED-NAME Type or print)	First GEORGE	Middle W •	Lost MARSHECK	20	a. DATE OF DEATH	Day?	Y89	26. HOUR 8:30A		
1	3. \$	MALE	4. RACE WH I'.		S. DATE OF	BIRTH 22/99	6. AGE (In year last by thiday)) MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN		
72 You	COU	BIRTHPLACE (State or for INTERNATION	U.S.A.	•		ORCED	BALTIMORE (Υ,	M		
r y			CO. FT HOWARD	street eddiek). AI		during most of	CUPATION (Kind of work f work ng life, even if ret LAIN	wed)	12b KIND OF I	SUSINESS OR		
remove carb	adm	ssion) STATE	re deceosed lived, f institut 13b. COUNTY AND BAL	r La ORE	BALTLAORE	AEZ NO 1	138 STREET AND NUMB 7507 RIDDL		ENUE			
noval, and in ony	14.	FATHER'S NAME Firs	T Alloare	E C/S		MAIDEN NAME First	Mid	idle		Lost		
cremation, or removal, and in ony event	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes The Sunknown) (If yes give wing of doing service) 215 09 68 28 CLIN RECORDS, VA HOSP. FT HOWARD, 11D.											
remo		18. CAUSE OF DEATH PART I DEATH WA	(Enter anly ane cause per li AS CAUSED BY: IMMEDIATE CAUSE (a)B					1	BETWEEN OF	NATE INTERVAL NSET AND DEATH		
nsit permit. The mation, or remo		162/ Canditions, if any, whi	DUE TO, OR a	AS A CONSEQUENCE OF		ıng			Recen Uni			
crem,		nse to immediate con stating the underlying last	couse DUE TO, OR	AS A CONSEQUENCE OF					OII	N. 0.		
burial-fransit burial, cremat		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
orto	CERTIFICATION	Arter	io Sclerot	ic Heart	Disease F ERFORMED 200. AUT		rostatic H 20b IF YES, WERE FIND CAUSES OF DEATHS	Type	rtropi SIDERED IN CE	h.v. RTIFYING		
of Health	MEDICAL CERT	21 o. ACCIDENT WAS UI OR CONTRIBUTING CAL (If either, notify medical	USE OF DEATH HOUR A.M. of examiner) P.M.	Month Day Year	21c HOW INJURY O		ure of injury in Part 1 or P	'ort 2, Item	n 18.)			
Dept.		21d INJURY OCCURRED While Not while	21e. PLACE OF INJURY		ACTORY.) 21f LOCATION 5tr		City at Town		County	Stote		
should be fied with the State Dept. of Health pri		22o. I certify that sow the dece causes stated	(1) (this hospital) atta osed onve on 2/7 d above, (1) (we) (did)	ended the decease (dictional)	sed from 1/20/09 19, and that inval bady after death.	ター・19 関例 (our) opinion	, to_2/7/69 deoth occurred on t	, 19 he dote	, that and hour o	(A)x(we) las		
ed with		22b. SIGNATURE	1000	Zunger		DING MED DIRECTI	OR STAFF		E SIGNED 2/7/69			
d be f		22d. PHYSICIAN'S NAME (Type)	ERHARD J. BUI		22e. AC	VAH FORT H	HOWARD, MARY	TAND				
shoul		BURIAL, CREMATION, REMOVAL (FACOTY)	23b DATE 2/10/6	9 23c NAME OF BALTO	CEMETERY OR CREMATORY NATIONAL		LOCATION (City or Town	ARYL	(County)	(Stote)		
A15 (14)	24.	FUNERAL DIRECTOR		CONNEL	LY FUNERAL HO	ONE FEB	STRAR 1953 REGIS	TRAR'S SIG	NATURE	10		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low remures that the demand certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physician.



62063

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02058

		CEASED-NAME ype or print)	First CLARE	NCE	Middle C .	М	Lost AST			TE OF DEATH ruary Month 13,	Day 1969	ar	25 HOUR 3:15A
	3. SE	X Male	÷	4 RACE	White		S. DATE OF	BIRTH 3,1897		6 AGE (In years lost pirthdoy)	IF UNDER MONTHS		UNDER 24 HRS. OURS MIN.
	COURT	RTHPLACE (Stote	nd	76 CITIZEN OF WHA		WIDOWED		ORCED			imore,		M
1.7)		ity or town of Parkvi	lle	give st	ME OF HOSPITAL OR INS reet address) 711 OLd Ha	rford	Road	dunng m Re ti	ost of wo	ATION (Kind of work do rk ng life, even if retired Ling	d) INDUS		SINESS OR
. 67		USUAL RESIDENCE ssion) STATE	Md.	ed lived, if instituted 13b COUNTYBE	n: Residence before	Balt:	imore	YES NO		30 STREET AND NUMBER 7714 Old Ha		Roa	d
1	14. F	ather's name	_{first} Daniel	Middle K				Maiden name F Sai	rah	Middle L		nock	Last
	16a. Ye	WAS DECEASED E es, no, or unknow NO	VER IN U.S. ARA n) {\text{\tiny{\tint{\text{\text{\text{\text{\text{\text{\text{\tiny{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tity{\tiny{\ti}\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tin}\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiin\tiny{\ti}\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\ti}	or or dotar of cannon)	212-07-95	1	Mrs. M	arie M.	Mas	Address t	(Same)		
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)										APPROXIMATI	E INTERVAL T AND DEATH
(d ²)	FICATION	PART 2. OTHER 19a. DATE OF OPE	-7	who	JT:NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA HICH OPERATION WAS PERFORMED 200 AUTOPSY?			OPSY?	20b IF YES, WERE FINDINGS CO			D IN CERT	(IFYING
人	CAL CERT	The state of the s								2 Item 1B.)		-	
	MED	21d. INJURY OC While Not v at wark at w	CURRED 21e. while	PLACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC					City or Town	County		State
		couses	deceased a stated abavi	live an	did not) view the	9 , an bady after	d that in (r death.	ny) (our) api	inion de	oth occurred an the			d from th
		22b. SIGNATURE 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22c. DATE SIGN 22c. DATE SI									2/1	3/	69
1	٠	NAME (Type	e) /-\ . /~		CON			QS/		Pouglar	- a	يصو	-
	230.	BURIAL, CREMAT REMOVAL (Specif		1.7/69		ey Ba]			Ba	CATION (City or Town) altimore, M	(County arylan	d	(Stote)
0		funeral directo		. Inc. Ba	ADDRESS	2727/1		2So. REC'D E	Y REGISTI	SAR 256 REGISTR	AR'S SIGNATUR	tE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after VR A15 (1) 30M REV. 1/6

n 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be exeputed with Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02064 CERTIFICATE OF DEATH 1 DECEASED-NAME First Tast 2n DATE OF DEATH PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth (Type or print) February McAvov Margaret Ann 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years last birthday) white female Dec. 15, 1877 7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Pen a. the ottending physiciap and completely filled in Issi permit. Then please capove carbon papers. mation, or removol, and in only event, within 72 ho U. S. Baltimore DIVORCED | WIDOWED T 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired) Catonsville 13a USUAL RESIDENCE (Where deceased fived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY L MITS? 13e STREET AND NUMBER YES NO Laurel 379 Main Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Peter McAvoy Bridgette 16b SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 135-26-7306A Yes, na, ar unknown) If yes give war or dates of service) signed by the offending physi burial-tronsit permit. Then pl buria, cremation, or removol, Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)

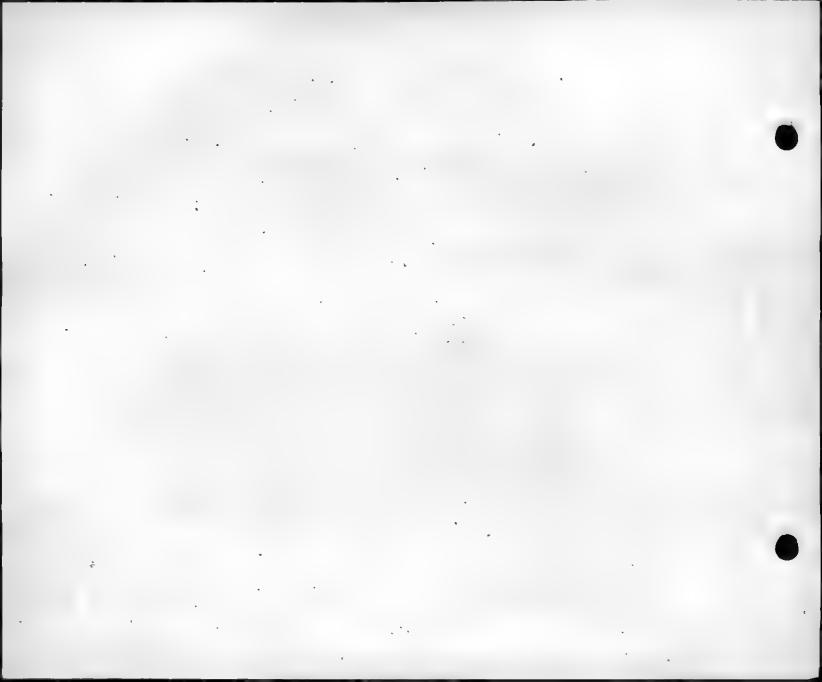
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a)

Arterioscle BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Pneumonitiis s rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 for use as the k fHealth prior to b by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been Urinary tract infection - Endometritis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO IX 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220 | certify that (%) (this haspital) attended the deceased from May 16 , 19 6h , to Feb. 17 , 19 69 , that %) (we) last saw the deceased alive on Feb. 17 19 69 , and that in (my) (%) apinion death occurred on the date and hour and from the courses stated above, (%) (we) (and) (did not) view the body after death. poge 3 should be filed with the S O HOSPITAL OR ATTEND Page 4 moy be retained 22b SIGNATURE 22c. DATE SIGNED 2-17-69 DIRECTOR DEGREE 220 ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN S Diomidis Pirovolidis, M.D. NAME (Type) director, participation of the second of the Baltimore, Md. 21228 Larksville, Lucerne Co., Pa. 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. Feb. 19, 1969 St. Vincents Cemetery BREMOVAL Specify) George J. Gonce 4001 Ritchie Hwy. Balto, Md. 250, RECOLBY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02065 02060 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH 2b HOUR 1. DECEASED-NAME First physician ond completely filled in by the funeral en please remove carban papers. Pages I and 2 nowl, and in onv event, within 72 hours after death. be executed within 24 hours after deoth (Type or print) 12.05 AN IF LINDER YEAR IF UNOER 24 HRS 5. DATE OF BIRTH 6 AGE fin v ars 3. SEX 4. RACE White 9-7-1883 last birthday) MONTHS OAYS HOURS Male 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED the attending physician and compressly man is to permit. Then please remove carbon papers. 11.5.A DIVORCED WIDOWED Md 12e, USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12b KIND OF BUSINESS OR give street address) INDUSTRY TOUSVILLE LANDSCAPING, Lara 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 186. COUNTY YES 🔀 NO. Baltimore burial, cremotian, or removol, and in ony IS MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle ATRICK requires that the deoth certificate 17. INFORMANT Address 16b. SOCIAL SECURITY NO LUTHERVIII 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates at service) Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the Stote Dept. of Health prior to has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? NO D YES 🗌 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. State County 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while of wark 22a. I certify that (I) (this haspital) attended the deceased fram 16-31-, 1966, to 2-14-, 1969, that (I) (We) last saw the deceased alive on 3-12-1969, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted above, (1) (We) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 9E1 Frederick 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL CREMATION. REMOVAL (Specify) 250. RECEINT REGISTRAR 12 350 REGISTRAR 3, SIGNATURE ADDRESS/ FUNERAL DIRECTOR DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02066 02061 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Inst 2o. DATE OF DEATH (Type or print) MCKe win. Gordon. 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF LADER YEAR law requims that the death certificate be executed within 24 haurs after White lgs (dirthday) Male MONTHS 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 9 COUNTY OF DEATH Baltimore, Md Baltimore USA WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Baltimore pgu during most of working life, even if retired)
Contractor INDI-STRY Cntv.Gen.Hosp ave car 130, USUAL RESIDENCE (Where deceased aved if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY L M TS? 13e STREET AND NUMBER ЗЬ СОИМТУ Russern Ct. Apt. 18 arvland Bal to 14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First physician and lost William H. McKewin Hedley Cora M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no_or_unknown) (If yes give war or dates of service) ar remaval. 218-30-7443 Marie McKewin-l Russern Ct. Apt 1B 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSPONEN stoting the underlying couse. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 has been prior to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? far use Health I YES [NO F this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 Item 1B) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a | certify that (1) (this haspital) attended the deceased fram 2-17 saw the deceased alive an-, and that in (my) (aur) apinian death occurred an the date and have and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE ATTENDING. DEGREE PHYS 22d PHYSICIAN S. 22a. ADDRESS

directar, page 3 shauld be filed v NAME (Type 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 2-22-69 Druid Ridge Cemetery Baltimore, Maryland Ullimiter Ludge 4600 Liberty Hts. Amer EB 2

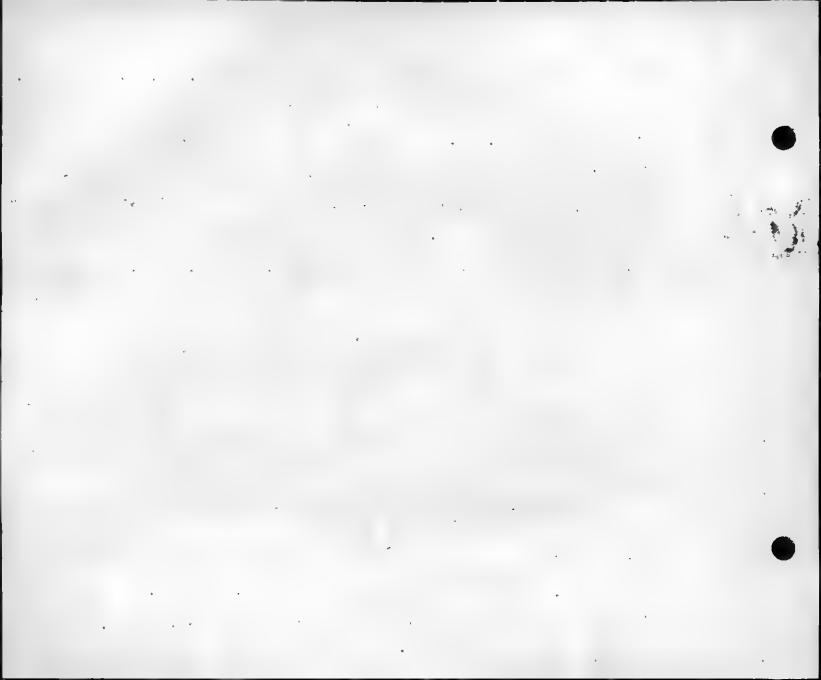
(County)

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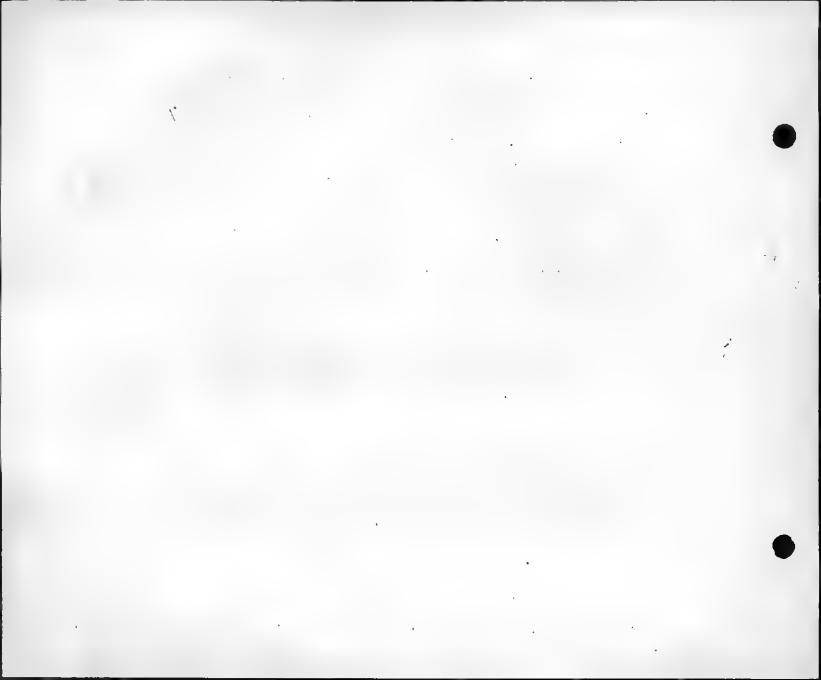
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02062 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR C (A) (Type or print) JOSEPH MEISEL Feb. 3 SEX 4. RACE popers. Pages I S DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR F JINDER 24 HRS HOURS white 4/20/94 male 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 76. BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED 🗌 COUNTRY) Baltimore Baltimore U.S.A. DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Rd within, 12a USUAL OCCUPATION (Kind af wark done during most of working life, even if retired.)

Milkman LD. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY Towson Plains Sealtest event, 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 36. INSIDE CITY JIM TS? 13e. STREET AND NUMBER 21204 odmissian) STATE 13b. COUNTY 8112 Pleasant Plains Rd emove. Towson and in ony 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Wilmoth John Meisel Maria ottending physician permit. Then please 16b SOCIAL SECURITY NO that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) Mary Vavra Meisel, wife, above 15-10-3726 burioi, cremation, or removol 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Un ton see Conditions, if ony, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO [YES | TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State White Not white at wark 22a. I certify that (1) (this hespital) attended the deceased from 1954, ta 1954, ta 1964, that (1) (we) last saw the deceased alive on 1964, and that in (my) (our) opinion death occurred on the date and haur and from the director, page 3 should should be filed with the couses stoted above, (1) (we) (did) (did not) view the body after depth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) William 1520 E. 33rd St. Grenzer 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION (County) (State) REMOVAL (Specify) 2/17/69 Gardens of Faith Baltimore, Md. 24 FUNERAL DIRECTOR SCHIMUNEK FUNERAL Home, Inc. 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 OF 30M REV. 1168 DATE FEB 18 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02063 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 26 HOUR (Type or print) WILLIAM 3 SEX 4. RACE executed within 24 hours after DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost pirthday) MONTHS 76 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEAT country) WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working afe, even if retired) INDHSTRY State Roads 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INS DE CITY JMITS? 13e STREET AND NUMBER 136 COUNTY RALT odm ssion) STATE 15 SLENMORE AVE 14 FATHER'S NAME First Middle Last Lost MERCEM please cate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? I 6h SOCIAL SECURITY NO 17. INFORMANT Yes, no er unknown) 220369835 hen signed by the attending burial-transit perm t. In 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) requires that the deoth Conditions, if any, which gave) rise to immediate couse (a), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been for use as the 190 DATE OF OPERATION 20a. AdTOPSY? 206, if YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year o. (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While hat while at work TO FUNERAL DIRECTOR: After causes stated obave, (1) (we) (did) (did not) view the bady after deoth. 226 SIGNATURE 22c DATE SIGNED **ATTENDING** director, page should be filed DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial rark Baltimore, Marytand Moreland Memorial DATE EB 18 18 2Sb REGISTRAR S SIGNATUR Towson, 1050 York Road lowson,



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	(Type or pant) Vi	rginia		leyer		February :	28 1989	10:10	
3. 9	remale	4. RACE Whit	:e	S DATE OF BIRTH	-21-189	6. AGE (In years last b rihday)	IF JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS	
cau	BIRTHPLACE (State or foreign intry) Balto. CITY OR TOWN OF CEATH	[1]. NA	WIDO ME OF HOSPITAL OR INSTITUTIO		2a LSJAL OCC	UNTY OF DEATH Balto. JPATION (Kind of work do	ne 12b KINO OF	Md F BUSINESS OR	
	Balto.	give st	reet address) St. Joseph Hos	spital	Homema	warking life, even if retire Ker	d) INDUSTRY		
13a adn	tSUAL RESIDENCE (Where design) STATE Maryla	eceased lived. Funstitute	an Residence befare 13c. C	TY OR TOWN 13d 19	NO NO	13e STREET AND NUMBER 3108 Fait		21224	
14	FATHER S NAME First Cha:	M ddle	Ovene Ovene	15 MOTHER S MAIDEN	NAME First	Middle	Kiggins	Last	
160	Yes, WE unknown) (IF yes	ARMED FORCES? s give war or dates at service]	16b. SOC AL SECURITY NO. 217-09-0336	Phillip J.	Knieri	iem 25 ded	irwood Ro	ad	
	IB. CAUSE OF DEATH (Enter PART I DEATH WAS COMMITTED IN ITS AND CONDITIONS). If any, which goes to immediate cause istating the underlying callost PART 2 OTHER SIGNIFICANT	BTWEEN	HIASO DAA TRING						
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a. AUYOPSY? YES	NO 🕱	20b. IF YES, WERE FINDING CAUSES OF DEATH?		ERTIFYING	
MEDICAL CE	21a ACCIDENT WAS UNDER CAUSE O (If either, natify medical example) 21d INJURY OCCURRED	F DEATH HOUR A.M. (xaminer) P M	INJURY Month Day Year 19 At Home, Farm, Street, Factory) 2 OFFICE BUILDING, ETC.			e of injury in Part 1 or Part City or Town	Part 2, Hem 18) Caunty State		
	While at wark	,	(I) (we) last and fram the						
I	But 1 (A) T Specify)	3-3-1969	23c NAME OF CEMETER Parkwood		23d	LOCAT ON (City or Town) altimore, Mai	(County)	(State)	
	FUNERAL DIRECTOR Lilly & Zeile	r Inc. 190	ADDRESS 1-07 Eastern	Avenue 25a	REC D BY REG	STRAR 25b WCC	A CONTRACTOR	ye.	

3 1969

DATEMAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

VR A15 VA 45M - 1/69



Te funeral Te fand 2 Te edeath.

TO HOSPITAL OR ATTENDING FIFYLICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and on pleate filled in director, page 3 should be detached for use as the burial-transit permit. Then pleate remaye carban papers, should be tiled with the State Dept. of Health priar to burial, crematian, ar remayal, and it any event, within 72 it

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME Type or print)	Mae		F. Middle	M	ichael		teb.	Month 25	Doy 69 Year	26. HOUR 5. 30/A
3. SE	x Female	4. RA	White	e		Nov. 1	4, 1910	6	6. AGE (In years last birthday)	IF JNDER 1 YEAR MONTHS DAY YRS.	
cour	BIRTHPLACE (State or fo		ZEN OF WHAT CO		WIDOWED [ED 🗌		ltimore		Md.
1	city or town of DEAT Reistersto	un	give street	HOSPITAL OR INST	Ave.		during/rhgs	Les envir	(Kind of work do	ed) INDUSTRY	OF BUSINESS OR
<u> </u>	USUAL RESIDENCE (Whossian) STATE ///	ere deceased lived,	if institution B COUNTY	esidence before	Reiste	rstown.	YES NO	13e SI	REET AND NUMBER		
	father's Name Fill Consad			atz Lost			DEN NAME Fir retta	st	Middl	Nyen	Lost
160.	(es, no, or unknown)	V U.S. ARMED FORG	(ES? 16b : 21d	SOCIAL SECURITY NO S-05-716	17. IN 1 M	FORMANT JOSE	ph E. 1	Michae	L Reist	erstown,	
	18. CAUSE OF DEATH PART I. DEATH V	AS CAUSED BY: IMMEDIATE CAUS		eralized	Carci	nomato	sis			BETWEE	OXIMATE INTERVAL IN DIRSET AND DEATH
	Conditions, if ony, who are to immediate constitutions the underlying lost.	ich gove) iuse (o),		cinoma l	eft br	east				63	yrs.
2	PART 2. OTHER SIGNII	ICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR CO	INDITION GIVE	N IN PART 1(o)		
CERTIFICATION	1%. DATE OF OPERATION 8-23-62	Carci	noma L.		FORMED	20o. AUTOP	NO [3]		S OF DEATH?	IGS CONSIDERED IN	CERTIFYING
MEDICAL CE	21o. ACCIDENT WAS I OR CONTRIBUT IN PICTURE (If either, notify medi	SE OF DEATH H	P.M.	nth Doy Yeor				noture of inju	ry in Port 1 or Po	rt 2, Item 18)	
	21d INJURY OCCURRE While Mot while of work		/ DIFFICE	ME, FARM, STREET, FACTI BUILDING, ETC	1			•	or Town	County	Stote
	22a. I certify the saw the dec causes stote	it (i) (the doop eased alive on dabove, (i) (v	#M) offender 2-22 を)(did)(概念	d the deceased -69 19 Not) view the b	from_12 /, and ody after d	-26-45 that in (my eath.	, 19) (581) opin	, ta_2 nion death	-25-69 occurred on th	, 19, the date and how	at (I) (Wey lost ur ond from the
	D. D. Cagalis 742 - DEGREE PHYS DIRECTOR DISTAFF DISTAFF DIRECTOR								22c DATE SIGNED 2-26-69		
	22d. PHYSICIAN'S NAME (Type)	D. D. C	aples,							town, Md	. 21136
L	BURIAL, CREMATION, REMOVAL (Specify) DUNCAL	236_DATE + eb.2	8,69	23c NAME OF C	emetery or i	REMATORY Emorgal		Fin	ON (City or Town)		(Stote)
24	FUNERAL DIRECTOR	& Sons	Reiste	address erstown,	Md.		250 REC'D BY DATE MAR	REGISTRAR 3 19		RAR'S SIGNATURE	uniene.





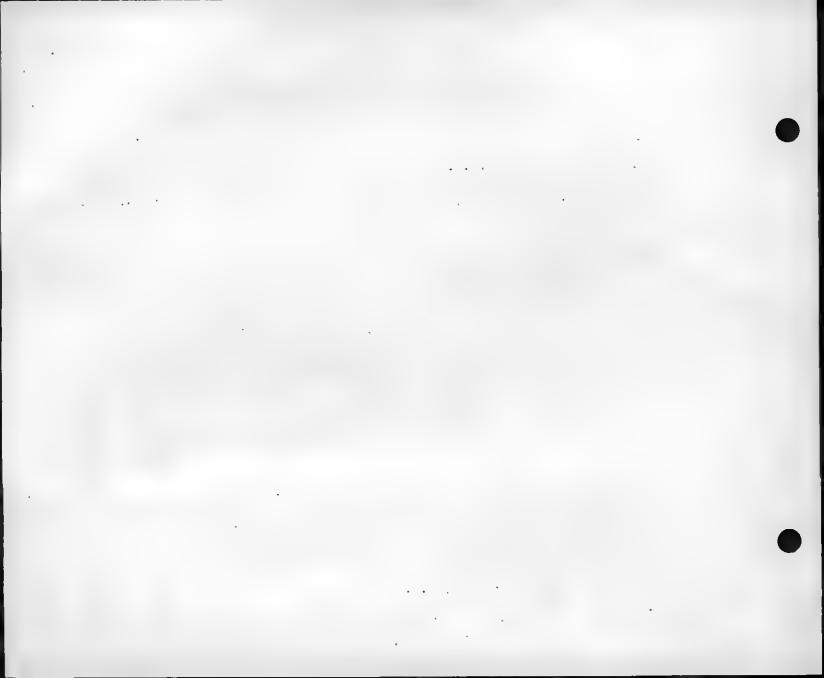


MARYLAND STATE DEPARTMENT OF HEALTH 02068 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item23 FilmC410 3/20/69 kk CERTIFICATE OF DEATH First Middle Lost 2a DATE OF DEATH DECEASED NAME death 24 hours after death (Type or print) February Louis Miller 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 SIRS. lost birthday) DAYS HOLIES male Nov. 27. Negro 1895 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED XNEVER MARRIED country) Baltimore N. C. U.S. WIDOWED | DIVORCED [120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR within give street address) during most of working life, even if retired) INDUSTRY please remaye carban Catonsville SPRING GROVE STATE HOSP Laborer burial, crematian, ar removal, and in any event, 13a. JSUAL RESIDENCE (Where deceased tived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER the attending physician and cample law requires that the death certificate be executed odmission) STATE **486. COUNTY** Md. NO. Balto. North 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Lost Louis Della 16b SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ar unknown) (If yes give war or dates of service) 218-05-3012 Records: SPRING APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per linesfor (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) permit. Canditions, if any, which gave) burial-transit rise to immediate cause (o). signed by t DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O HOSPITAL OR ATTENDING representations of Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been some 3 should be detached for use as the least t 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that 10 (this haspital) attended the deceased from July 2 , 1963 , to F66. 1 , 1969 , that 19 (we) lost saw the deceased alive an F66. 1 1969 , and that in (my) (of) apinian death accurred on the date and hour and from the causes stated abave, (1) (30) (did nat) view. The bady after death. 22L DATE SIGNED 226 SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Rafael H. Marin, M.D. Baltimore. Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION, (Caunty) (Stote) Burial Specify) Mt. Calvary ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) Funeral Home 1727 N. Monroe St. 30M REV 1/68 DATE



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	028711
HEALTH DEPT	1 DECEASED NAME First Middle Lost 2a DATE KNOWNET Month Day	
v o b dita	(Type or Print)	169 11:3
T E BY	PHYLLTS MILLER DEATH MATED 2 23 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F JINDER 1 YEAR 15 JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUF
delay and 3 t	lost bachdoy) Months DAYS HOURS MIN. Months	Year 19 69 11:3
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—, E 9	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH	
Pages Pages vith for	(GUNTRY) MARY LAND US A WIDOWED DIVORCED Balto.	M
deoth e Page with he Sto	To city or town or peats [11] waste or notified by the title of the tity of th	KIND OF BUSINESS OR
th th	House wife	DOMESTIS
s ofter 18. Give clopg with the deoth.	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY.	
S & S	Harriord Rd. Bo	x. 37
beurs Office offer d	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
	Ayos - GREEN ETHEL MARShall	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) ADDRESS	
be executed within "pending" in pencil iief Medical Examine vasit permit. File pagevent within 72 hou	(Tes, na, or Unknown) (If yes give wor or dates at service) ? Cilbert PEARSON 372 N 312 LA	YREL, Md
ed in	18 CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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g the ed to ed to s o bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shares, writing the be forwarded to be used as a burr removal and r		
This certific icate, writin be forward or d be used or or removel	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 years)	20 AUTOPSY?
his cate, ate, be us	WAS PERFORMED?	YES KK NO
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INER: 1 e certific should b files. 3 snould	FRIMARYS OR CONTRIBUTING 15 HOURAN. 2 2% 68 Subject supposed by heaten 3	
INE e c sho sho file 3 sr	21d NURY OCCURRED 21e PLACE OF IN JRY (At home form street 21f OCATION Street or RED No. Chron Town Co.	Junty State
EXAMINER: cute the certi age 4 should r your files. Page 3 shau i, cremation,	WHILE AT WORK AT WORK IN Home Harford Rd. Box. 37 Fork	Md₄
	220. I certify that I took charge of the remains described above, held on AutopsyXX, Inspection , Inquiry (),	and in my opinia
TY SICAL E y, please exect. It director. Po se retained for AL DIRECTOR: prior to burial,	death resulted from: Notural couses 1, Accident , Suicide , Homicide XX Undetermined monner	and an my opinion
JICA director. effained DIRECTO		
er gerage	ACTUAL CHIEF MEDICAL EXAMINER CONTROL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNI	rp.
JTV DIEGOSE erol directs be retained RAL DIRECT prior to be	SIGNATURE 1	
SSS P SSS	Livering 3	9
TO DEPUTY necessory, if the funerol 5 may be r TO FUNERAL Health price	Haware I. Warson, M.D.	
7 2 2	Description of the second	"
00	TRANSPORTER 2 25-69 C = dar I fill ANNE ARYNDELL C	Ty Md
VR ATSME (ST	24 FUNERA. DIRECTOR Church Francisco (Son REGISTRAR SIGNA) 250 REGISTRAR SIGNA DEFF 2 6 1969	high
10M REV 1/68	Brancis H. miller 2101 Hederick are DEB 26 1969	7 "

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 02076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02071 2b. HOUR P. 1. DECEASED-NAME and 2 First Middle Lost 2n. DATE OF DEATH (Type or print) WALTER RICHARD MILLER event, within 72 hours after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years RE JNDER LYFAR -20-6-**21-**1899 lost birthdoy) MONTHS HOURS MALE WHITE YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH papers (duntry) WIDOWED DIVORCED BALTIMORE Baltimore II.S.A. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done be executed within 12b. KIND OF BUSINESS OR give street address)
St. Joseph's Hospital INDUSTRY Cement Co. during mast of working life, even if retired) Towson, Md. 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY altimore Box 383-C-Rt. 2 - 21206 and in any 14 FATHER'S NAME First Lost 15 MOTHER'S MAIDEN NAME First John Wesley Miller Hester Jane Kelbaugh law requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no er unknown] (yes give wor or dates of service) signed by the attending physical burial-transit permit. Then planting burial, cremation, ar remaval, 218-14-8384 Rose Miller, Same as #13 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Post operative hemorrhage BETWEEN ONSET AND DEATH MEDICAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 四 ificate has been s far use as the b if Health priar tab RELEASED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Abdominal aneurysm CAUSES OF DEATH? YES 🛣 21a ACCIDENT WAS UNDERLYING 216 TIME OF JULIEY 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, frem 1B.) Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year D FUNERAL DIRECTOR: After this certify director, page 3 should be detached 1 should be filed with the State Dept. of (If either, notify medical examiner) 21e. PLACE OF INSURY (AT HOME, EARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d MuulRY OCCURRED City or Town Caunty Stote While Not while at work 22a. I certify that (IX (this haspital) attended the deceased from 1-25 , 1969 , to 2-4 , 1969 , that IX (we) last saw the deceased alive an 2-4 1969, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c, DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRESS Ines Cilliani, M.D. NAME (Type) 7620 York Road. 21204 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) Burial (Specify) Feb. 8, 1969 Forest Baptist Cemetery Baltimore Co., Maryland 24 FUNERAL DIRECTOR
Wm. Cook-Brooks Towson, 1050 York Road 2So REC D BY REG STRAR 25b REGISTRAR'S S GNATURE Ullianday Judge Towson, Maryland 21204 FEB



02077

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02072

		44111			
1. DECEASED-NAME	First	Middle	Last	20. DATE OF DEATH	2b HOUR
(Type or print)	Sadie	Turner	Mitchell	February	DOY 1 1969 5 34M
3. SEX	4 RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 MRS
स	7	V	1/7/1889	last birthday)	MONTHS DAYS HOURS MIN
70. BIRTHPLACE (State or	foreign 7b CITIZEN OF		RRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) Elkridge	Ma II		OWED DIVORCED	Baltimore	Md
10. CITY OR TOWN OF DE		NAME OF HOSPITAL OR INSTITUTIO		UAL OCCUPATION (Kind of work don	ne 125 KIND OF BUSINESS OR
Towson	Do giv	e street address) Laney Towson	N. H. during	mast of working life, even if retired tired - Socia	1 Service
30. USUAL RESIDENCE (W		ution: Residence befare 13r C	TY OR TOWN 13d INSIDE CITY		7 DOI 4100
odmission) STATE	A 13P COUNTA	Bal.	to 21218 YES	NO 3711 Gree	nmount Ave.
	First Middle	Lost	15. MOTHER'S MAIDEN NAME		
Mo	nroe	Mitchell		Susie	Ross
160. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO	17. INFORMANT	Address	
Yes, na, ar unknown)	(If yes give wer or dates of service)	27 2 38 0710	Mrs. Harry	Silverwood	(Same)
	IH (Enter only ane cause per			DIII TOI NOVA	APPROXIMATE INTERVAL
	WAS CAUSED BY	Exorche 1	landana manif		BETWEEN ONSET AND DEATH
111511	IMMEDIATE CAUSE (a)		· · · · · · · · · · · · · · · · · · ·		2000
Conditions, if any		R AS A CONSEQUENCE OF	L. 11/00		1 -30
rise ta immediate	cause (a), (b)	AS A CONSEQUENCE OF	vecari face	V/Q-	Gonerally
stating the underli	ring couse DUE TO, U	AS A CONSEQUENCE OF	notes canti	starcular dire	es.
	(C)		TED TO THE TERMINAL DISEASE OF		
TAKE 2 OTHER 310	MILICANT COMPTIONS CONTRI	SOUTHO TO DENTIL BUT HUI KEEN	TED TO THE TERMINAL DISEASE OF	K CONDITION OF THE FAKE 1(0)	
19g. DATE OF OPERAT	ION 1195 CONDITION FOR V	VHICH OPERATION WAS PERFORME	D 20g. AUTOPSY?	2014 IE VES WERE EINDING	S CONSIDERED IN CERTIFYING
E TAL DATE OF OTERA	175. CONDITION TOX Y	VIIICIT OF CRAFFOR WAS I CREOKING	YES NO	CALIFEE OF DEATHS	J CONSIDERED IN CERTIFICITY
210. ACCIDENT WAS	INDERLYING 1215 TIME	OF INJURY		ter nature of injury in Part 1 or Part	2 Item 181
OR CONTRIBUTING	CAUSE OF DEATH HOUR A.A	1. Month Doy Yeor	ERC. HOW HOOK! OCCORNED LEH	ter morne of rolony to come to con-	2, 11010 10.3
(If either, natify me			21f LOCATION Street or R.F.D. N	lo. City or Town	County State
While Nat while	RED 218. PLACE OF INJUK	OFFICE BUILDING, ETC.	ZET LOCATION STREET OF K.P.D. P	io. City of lown	contrib 210se
				to be a sent that I do	10/6 45-4/07 11
22a. 1 certify to	nat (I) (this nospital) a	tranded the deceased fro	ond that in (my) (and a	pinian death accurred an the	date and hour and from the
causes sta	ted abave, (I) (we) (die	(did nat) view the bady	ifter death.	pilitan deam accorred an me	date and noor and main me
22b. SIGNATURE	1100	//	- TENDING	UED CTAFF 2	2c. DATE SIGNED
G	Cill anx	and	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	2/21/69
22d. PHYSICIAN'S	4 433		22e. ADDRESS		. //
NAME (Type)	A. Allan	Speir, M.D.	1501	Pentridge Roa	d /
23a BJRIAL, CREMATION	23b DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Burial (Specify)	2/24/1969	Mt. Oli	vet	Baltimore	Md.
24 FUNERAL DIRECTOR		ADDRESS	2Sa REC'D	BY REGISTRAR 2Sb REGISTRA	ARS SIGNATURE
H.W.Jenk	ins & Sons	Co. 1905 Yo	rk Rd. DAKEL	24 1969 July	The fact

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the time of director, page 3 shauld be detached for use as the burial-transit permit. The please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death: 30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

Pinge 4 may be retained by the haspital or attending plysician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02073

L					CERTIF	ICAIE O	PULATH				- 10 0 0	•
	ECEASED-NAME	First		Middle		Lost		20. DATE O				26 HOUR
1	Type or print) Ha:	rry		T ogc		Moran	Sr	Febru	Month Lary	Poy	1969	1800
3. SI	EX	4. R	ACE			S. DATE OF				rs I	F UNDER 1 YEAR	IF UNDER 24 HRS
_	Male	}	Whi	te		Oc t.	24,1879	9	lost birthday	YRS.	ONTHS DAYS	HDURS MIN
7o.	BIRTHPLACE (Stote or for	eign 7b. CIT	IZEN OF WHA	AT COUNTRY?	8 MARRIE	D 🔼 NEVER M	ARRIED	9. COUNTY O				
(60)	Maryland		U.S.A		WIDOWE		ORCED 🗍	Ba	ltimore			M
	CITY OR TOWN OF DEATH Parkville			ME OF HOSPITAL OR I reel address) O Polham					(Knd of work life, even if ret estman		126 KIND OF B INDUSTRY	USINESS OR
13o	HISHAL RESIDENCE /When	e deceosed lived	d, if nstitution	on: Residence before			13d. NSIDE CITY		REET AND NUMB			
odm	ission) STATE Maryland	1 135	Baltim	lore	Park	ville	YES N	¹⁰ 屎 🗎 13	.00 Pelh	amwo	od Rd	
	FATHER'S NAME Firs		Middle	Lost		15 MOTHER S	MAIDEN NAME		Mid			Lost
	Georg	e	W	Moran			Emma	a.			Kade	7
160	WAS DECEASED EVER IN	U.S. ARMED FOR	CES?	16b. SOCIAL SECURIT	Y NO. 17	INFORMANT			Addi	ress		
L.	es, po, or unknown)	II yes give war or eare:	s or service	215-30-3	3419	Ruth E	Moran		Same			
	18. CAUSE OF DEATH	(Enter only one o	couse per line	e for (0), (b), and (otic	Land	ic Van		الكبر ا		AYE INYERVAL SET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)											
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING											
CERTIFICATION			ON FOR WHILE	CH OPERATION WAS I	PERFORMED				S OF DEATH?	NNG2 CON	PIDEKED IN CE	CHETING
MEDICAL CE	210 ACCIDENT WAS UI ☐ OR CONTRIBUTING ☐ CA (If either, not fy medic	USE OF DEATH of exominer)	TIME OF HOUR A.M. P.M.	Month Doy Yes	эг 19		·	i	iry in Port 1 or P	Port 2, Ite	m 18.)	
W	21d. INJURY OCCURRED While Not while of work	21e. PLACE (OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY.) 21f	LOCATION St	reet or R.F.D. Na	o. City	or Town	/	County	Stote
	couses stated	ased alive a	n	nded the decea 1,4459 did-not) view the	_19, o	ind thot in (, 19 <u>≺</u> my) (our) op	inion death	occurred on t		ond hour o	(I) (we) las nd from the
,	226 SIGNATURE & Warsley DEGREE ATTENDING MED DIRECTOR PHYS. 22c D									22c DA	17/69	
	22d PHYSICIAN'S NAME (Type) T	nomas L	Worsl			6	DDRESS 505 Yor	k Rd E	altimor	e Ma	ryland	
	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE 2/10/6	9	23c. NAME O		OR CREMATORY		1	ON (City or Town	,	(County)	(Stote)
-	FUNERAL DIRECTOR	-11-	,	ADDRE			2\$o RECD	BY REGISTRAR	25b. REGIS	TRAR S SI	GNATURE	
	Leonard J	Ruck In	c Bal	timore,	Maryla	ınd	DATE FE	B 7	1369 8	Clian	rles Jac	132

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15

in 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed wind Page 4 may be retained by the hospital or attending physician.

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02079

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02074

		ECEASED NAME	First		Middle		Lost		20. DA	TE OF DEATH			2haHOHE.
	(1	Type or print)	ANDREA	V			MORAN	T	Fe	bruary	Month Day Year		
	3. 51	X		4 RACE			S DATE OF 8	BIRTH		6. AGE (In	VBOIS	F JNDER YEAR	10:40°
		Male		Nic	egro		Metr	5, 1911		last birth	day) YRS	MONTHS DAYS	HOURS MIN
	70 l	BIRTHPLACE (Stote or F	oreign 7	CITIZEN OF WE		8				TY OF DEATH	1K2		
	1600	North Car	oline	U.A.S		WIDOW	IED NEVER MA	RKIED A					
	10 (ITY OR TOWN OF DEA	H CALELANA		AME OF HOSPITAL OR INS					Altimore ATION (Kind of w	and door	12b KIND OF I	bM.
3		Fort Hov		give	street oddress) Vet	eran	6	during mo	ost of wo	rking life, even i		INDUSTRY .	
	13a.			lived it institut	on Residence before	132 CTV	OSDITAL	136 INSIDE CITY LIN	orer	3e STREET AND N	OTOM	Const	ruction
7	odm		yland	TAP COUNTY	orchester		abridge	YES NO		720 Ba		hed	
	14 F		rst a caraca	Middle	Lost	0.00		IAIDEN NAME F	101	150 24	Middle	- CLW	- Cont
2.1		TSAJ		Mode	MORANT		12 WOLLING W				middle	* ****	Lost
	160	WAS DECEASED EVER		FORCES?	16b SOCIAL SECURITY	NA I	17 INFORMANT	ANNTE	i		Address	WILLI	AMS
	Y	es, no or unknown)	(If yes give word	r dates of service)	152 22 69			7 Pode	T/A	Hospita		Unread	Ma
		Yes					OTTHICE	T Wons	VA	HOSPICE	L, FU		AATE INTERVAL
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY.											HEATH DEATH
		IMMEDIATE CAUSE (o) CARCINOMA OF ESOPHAGUS, ADVANCED											
		Conditions, if ony, which gove)											
		tise to immediate c	nich gove) ouse (a).	(b)									
		stating the underlyi		DUE TO, OR A	AS A CONSEQUENCE OF								
		last,)	[c]									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	ő	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h IF YES, WERE FINDINGS CO											
	CERTIFICATION	190 DATE OF OPERATION	DN 195 CO	NDITION FOR WH	ICH OPERATION WAS PEI	RFORMED	1	20a AUTOPSY?		20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?		ONSIDERED IN CE	RTIFYING
	RTIF						AEZ NO						
		2 o ACCIDENT WAS		121b TIME OF	Month Doy Year	210	HOW INJURY OC	CURRED (Enter	noture of	f injury in Port 1	or Port 2,	item 18)	
	MEDICAL	(If either, notify med	icol exominer	P,M.	19								
H		21d. INJURY OCCURRI	ED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, EAC OFFICE BUILDING, ETC	TORY.) 211	LOCATION Stre	et or R.F.D. No.		City or Town		County	Stote
		While Not while of work											
		22a. I certify the	ot ∰ (this	haspital)_atte	ended the decease	d from.	Feb. 4	, 19_6	.9_ , to	Fab.	11, 19	<u>69</u> , that	(QC(we) last
		sow the det	teased ally	e on ret	(did not) view the l	9 <u>09</u> ,	and that in (A	ay) (aur) apin	nian dec	ath accurred o	in the da	ite and haur o	ind from the
		22b. SIGNATURE	a ubave, j	(we) (uid)	(Gust well view the	oddy dir	er deuin.				1 00 4	DATE SIGNED	
		made	- 2	K Ra	. P hour	kuo	EGREE PHYS	NG ME	ED RECTOR	STAFF (DATE SIGNED 8/69	
-1		204 PHYSICIAM'S	16/11/	1 1 1 N	marijous	144	22e, ADI		RECTOR	PHYS L	-1 2/ L	0/09	
		NAME (Type)	THE ATT	ושפגם ר	ANPURKAR,	M D			. T	ort How	ord.	Ma.	
	230	BURIA., CREMATION.	235 DAT				OR CREMATORY	MASATA		CATION (City or T			15) h-1
	230	REMOVAU(Spouty)		21-69			National		Rel +	imore,	Marer?	(County)	(State)
	24_	FUNERAL DIRECTOR	0						PECKTO	AR 20h D	FORTPAD'S	SIGNAT IDE	
1	17	Vialla	1/	80	narles ALRESS	AVA	Balto M	G. LER	24	1969	Telis	Wan Jaco	ege.

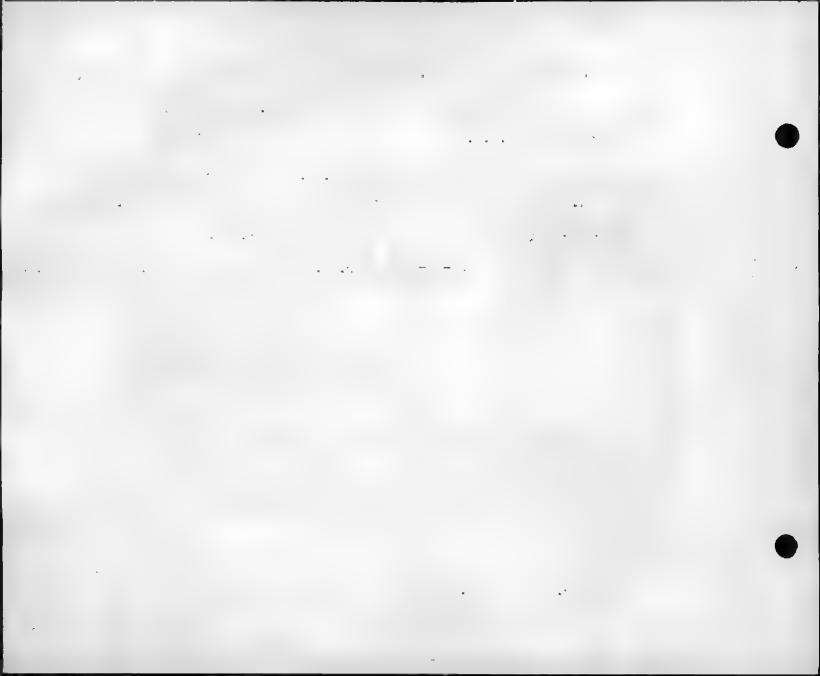
TO INNERAL DIRECTOR: After this cert fixote has been signed by the attending physician and dampletery filled in by the fundral director, page 3 should be detached far use as the buriol-transit permit. Then please remaye Carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. VR 45M A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital ar attending physicion.



	0.0000		ID STATE DEPARTMENT OF		
	Item 10 &		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 2120	02075
	Item23 FilmCh09	2/11/69 kk	CERTIFICATE OF DEATH		0,0010
를 무실해. 1917년	1 DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH Month	2b. HOUR
ter demth. funeral s 1 and 2 ter death.	Martha	н.	Merris		3 1989 4:4
offer a	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years	F JINGER 1 YEAR 1F LINGER 24 HRS. MONTHS GAYS HOURS MIN
by the fi	Female	White	June 13,		YRS.
· · · · · · · · · · · · · · · · · · ·	70 BIRTHPLACE (State or foreign country) Maryland	76. CIT.ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Baltimore	
filled filled	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 US	JAL OCCUPAT ON (Kind of work d	ane 126 KIND OF BUSINESS OR
星 美	Towson	give street oddress)	ly Hill N. H. during	nast af working life, even if retiri OUS CWIIC	ed.) INDUSTRY
unted mumplete ve carb	13a. USUAL RESIDENCE (Where decease	d liyed, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY	JMJIS? 13e STREET AND NUMBE	R
executed mith and campletely remove carbon any event, wi	admission) STATE Md.	736 COUNTY	Baltimore YESK	1010 Morti	mer Avenue
cian and a lease rema and in any	14 FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		le Last
din and	William Harpe	r		Filmar	
t the death certificate be ex the attending physician and sit permit. Then please rem nation, ar remaval, and in an	16a. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give was	and date of come.		Addre	••
equires that the death certifications are the death of the signed by the attending physical burial-transit permit. Then plantal, cremation, ar remayal,	NO_	218-54-28		Morris 2108 For	rest Ridge Road
Fe The	18 CAUSE OF DEATH (Enter on y PART 1, DEATH WAS CAUSED	ane cause per line for (a) (b) and (s)		7-10-10	BETWEEN ONSET AND DEATH
deat tend mit.		F CAUSE (0) CLEUTS	Carollac	ayarr	
he at per	Conditions, if only, which gave)	DUE TO, OR AS A CONSEQUENCE OF	and the		
	rise to immediate couse (o), ((b)	Wyerrosgero	3-1/1	
s tho cian. d by tran,	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires that t physician. signed by the burial-transit burial, cremal	Marine 1	(t)	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION CINCH IN GAPT 1(-)	
a Signal		THOMS CONTRIBUTING TO DEATH BUT IN	OF KEDATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART ((0)	
N: The law requires that the death ar attending physician. The has been signed by the attending use as the burial-transit permit. Solth priar to burial, cremation, ar reach	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?	20b. IF YES, WERE FINDING	NGS CONSIDERED IN CERTIFYING
The atternation of the property of the propert	SEL		YES [7] NO [CAUSES OF DEATHS	
		a d inna at inspire	21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 ar Pa	rt 2, Item 18.)
YSICIAN: aspital ar certificate hed far u	G CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19	9		
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far ust the State Dept af Heal			TORY.) 21f LOCATION Street or RFD. N	a. (ity ar Town	County State
JING PHYS by the has ther this ce be detache State Dept	at wark at work		W	11 71-	
by t by t After be d State	22a. I certify that (I) (this saw the deceased ali	hospital) attended the decease	ed from 122 12-191	00, to 1125-3	, 196_7_ , that (I) (we) la
med med the	causes stated abave.	(I) (we) (did) (did not) view the	96 I, and that in (my) (our) o p bady after death.	vinian death accurred on th	e date and hour and from th
AT AT Short with with short sh	226 SIGNATURE	(0.4),	4.0		22c DATE SIGNED A
OR be r	Lauren	ee (. losh	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	2/4/69
TAI AI I	22d. PHYSICIAN'S NAME (Type) To T	O Pant	22e. ADDRESS	05 York Road	
FO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: Al director, page 3 shauld 1 shau.d be filed with the S	DI + I	aurence C. Post			
HC Fire city and should be	23d. BURIA., CREMATION, REMOVAL (Specify) F		CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty) (State)
5-5	Burial F	ebruary 6, 69 La	ke View	Harrisville	Carroll Md.
VR A15		pel 8728 Liberty 1	CC C	BY REGISTRAR 256 REGISTR	RARS S GNATURE
11/2/	TOLITHE DACTS OHS	DET OFFO TITORION	DATE - DATE	1000	(/ 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02076 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED NAME 2b. HOUR death. executed within 24 haurs after death. Month sicion and campletely filled in by the funeral please i mave carbon papers. Pages I and II and in any event, within 72 hous after deat (Type or print) Year 9 Day IF JMDER I YEAR IF UNDER 24 HRS 3. SEX 6 AGE (In years lost birthday) DAYS HOLRS 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH Toperan 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during prospot working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c CITY OR TOWN 130 STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME IS. MOTHER & MAIDEN NAME, First First Middle Last Lost requires that the death certificate be Rae signed by the attending physician 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address (If yes give war or dates at service) Yes, na, ar unknawn) ar remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: permit. MMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the b . of Health priar to b be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES [NO TO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY Street at R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1967, 1967, to 1967, 1967, that (I) (we) last saw the deceased alive on 1967, and that in (my) (aur) apinian death accurred on the date and have and from the shavid director, page 3 shauld shauld be filed with the causes stated obove ((1)) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS PHYS. DIRECTOR PHYSICIAN S 22e. ADDRESS NAME (Type) H. Beck.M.D. George Harford 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE (County) (Stote) REMOVAL (Specify) RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	MARYLAND STATE DEPARTMENT OF HEALTH 8208 201 VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0287	7
HEALTH DEPT.	DECEASED-NAME (Type or Print) ABBY MILORED MULLANEY OF ESTI- DEATH MATED TEU 16	26 HOUR 575 A M
delay and 3 M3 Po	3 SEX 1 A RACE S DATE OF BIRTH Support	2d HOJR 103 M
oth Cary	70 BIRTHPLACE/(Stote of foreign 7b, CITIZEN OF WHAT/COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 226	Md
fer death Give Pages ang with for th the State	11 NAME OF HOSP TAL OR INSTITUTION (If not an nospital lize usual Occupation (Kind of work done give street oddress) / Substitution (But of working life, even if retired) INDUSTRY	USINESS OR
s after de 18 Give Pe along w 2 with the death.	30 USUAL RESIDENCE (Where deceased lived, if institution) Residence leaves the commission of the state of the	cerRo
24 hours in Item 19 r's Office es Land 2	4 FATHER'S NAME FIRST MIDDLE MIDDLE STATE MIDEN NAME SIST MIDDLE AND A 221	itti.
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or been own) (Il yes give wor or dotes of service) 213-05-14434D	4 (501)
should be executed e ward 'pending' the Chief Medial urial-transit permit-	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)	ere interval set and death
This certificate incate, writing the be farwarded to be used as a bar remayal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES [210 EXTERNAL CAUSE WAS -216 Time OF INJURY Month, Dow-Year 2 Item 18)	PSY?
#= 7 = = 1	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19	
= 3 3 ± 8 6	21d INJURY OCCURRED 21e-PLACE OF IN, RY (At home, form, street, at work at work at work at work at work.	Stote
y, please and direct and birds and b	22a. I certify that I taak charge of the remains described abave, held on Autapsy , Inspection , Inquiry and in death resulted fram: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner . ACTUAL SIGNATURE	my apinian
TO DEPU necessar the funce 5 may b TO FINE Health	230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
VR A15ME (5) 10M REV 1/68	Burial 2/20/69 Baltimore, National Baltimore Maryland 24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland ADDRESS Leonard J Ruck Inc. Baltimore, Maryland ADDRESS Leonard J Ruck Inc. Baltimore, Maryland ADDRESS ADDRESS ADDRESS ADDRESS Leonard J Ruck Inc. Baltimore, Maryland ADDRESS ADDRE	E.



Cecuted within 24 hours after death.

completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages abould be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02078

- 2 - E			ECEASED-NAME	First		M ddle		Lost		20. DATE OF DEATH			2b. HOUR
and and feat		0	(ype or print)	Alle	n	C.	Mulli	igan		2 N	lanth 2	Day 69 Ye	9:09AM
200		3. 50	X		4 RACE			S. DATE OF BIR	TH	6. AG	E (In years	1F UNDER	
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by a		7a.	BIRTHPLACE (State or	foreign		OF WHAT COUNTRY?	8 MARRIED	NEVER MARR	IED 9.	COUNTY OF DEAT	H		
d in Pers		COU	Maryland		U.S.		WIDOWED	DIVOR	ED 🔲		timore		Md
filled in paper hin 72	w +	IIV. (THE OR TOWN OF DEA	in		11 NAME OF HOSPITAL OR give street oddress) St			12a USUAE	OCCUPATION (Kind	of work don	e 125 KI	ND OF BUSINESS OR RHATIOTO
remove tarban rany event, wit	5		namitika				A-	h Hosp.		Laborer		Cou	nty Roads
campletely Overcarban y event, wit	, ,			here deceas D.	ed lived, if in	stitution: Residence befo	1		3d INSIDE CITY LAN. YES NO [ND NUMBER Box 21	4	
A GA	-3.6 2	_	<u> </u>		,			ATTT6				O	
cian ath c ease remo and in any	1	14		irst	Midd			IS. MOTHER S MAI			Middle		Last
sician oplease		160	Will WAS DECEASED EVER		Mullig	16b. SOCIAL SECURI	V NO 117.	A	Lice	Ayres	Address	42-	
		100.	es, no, or unknown)	(th yes give w	or or dates of service	21.3-38-77	171	INFORMANT	fullian.	n Pyles	Audress	RD #1,	Box 216
by the attending physician at transit permit. Then please ri crematian, ar remaval, and in		-		M (Salas as		per ane for (o), (b), and		IVA U. I	untitka	III PYTER	earrie		PPROXIMATE INTERVAL
dia dia			PART I. DEATH	WAS CAUSE	BY.	per line for (o), (b), ond	and c	20 11	Vana	An	an	BET ST.	WEEN ONSET AND DEATH
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ansi em			rise to immediate		Jan h.	OR AS A CONSEQUENCE		VICC				- 1	20,00
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signed burral- burral,			PART 2 OTHER SIGN	IFICANT CON	IDITIONS CONT	PRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CO	NDITION GIVEN IN P.	ART 1(o)		
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certificate has been hed far use as the st. of Health priar to	. ,	CERTIFICATION	190. DATE OF OPERAT	ON 19b.	CONDITION FO	R WHICH OPERATION WAS	PERFORMED	20a. AUTOP		20b IF YES, N		S CONSIDERED	IN CERTIFYING
use ha	X	ERTIF	21a. ACCIDENT WAS	TIMOSPIANE	C Intl W	UE OF INHERY	To.	YES	NO 🗌				
Ference			OR CONTR BUTING	CAUSE OF DEAT	H HOUR		or 216. 1	10W INJURY OCCU	JKKED (Enter r	noture of injury in P	art 1 or Port	2, Item 18.)	
ertil red t. of		MEDICAL	(If either, natify me 21d, INJURY OCCURI			P.M.	factory 1 215 I	OCATION Street	or D.E.D. No.	City or To		County	State
this cel etache Dept.			Whee Not while		TEACE OF INGE	URY (AT HOME, FARM, STREET OFFICE BUILDING ETC.	7 711.1	OCKHON SHEET				, ··· ,	
offer to be de State			at work at wark		is hospital)	attended the dece	sed from		19 6	1. to ~	- h-	19 1	that (I) (we) last
d b			sow the de	rensed n	ive an		19/c"/ar	ad that in (my) (our) apini	ian death occur	red an the	date and l	naur and fram the
5 E E			causes sta	ed abave	((yye) (i	did) (did not) view th	e bady after	death.					
RAL DIRECTOR: A page 3 should be filed with the			22b. SIGNATURE	n (al	Colling	M) DEG	REE PHYS	G MEI DIR	D. STAI	S. D	2c DATE SIGN	269
O FUNERAL DIRECTOR director, page 3 shou should be filed with the	1		22d. PHYSICIAN'S NAME (Type)	Dr.	Ebelin	g		22e. ADDR	70 l	Si- Ph.	C St	Bu	er and
director, shauld t		23a.	BURIAL, CREMATION,	23b.	DATE	23c NAME	OF CEMETERY D	R CREMATORY		23d LOCATION (Cit	y ar Town)	(County) (State)
5 # #		H	BREMOVAL (Specify)	2/	5/1969	Willia	am Watt	ers		Cooptown,		ford,	Maryland
VR A15 (Α.	K	FUNERAL DIRECTOR			ADDR	:55		2Sa. REC'D BY	REGISTRAR 2	Sb. REGISTRA	R'S SIGNATUR	E
30M REV	18	Cl	narles E.	Kurtz	Ja	rrettsville	, Md.	21084	DATEFEB	4 1969	fice	arles	mage.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02084 02879 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2o. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death. Month 2 8 boy 6 Gear (Type or print) signed by the ottending physician and completely tilled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 4 and Heber 3. SEX 6 AGE (In years lost buthday) IF UNDER 1 YEAR IF UNDER 24 HRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED WIDOWED [DIVORCED [Baltimore County 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done duringlands not working) to expressive the 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
Mt. Wilson St. Hosp. Mount Wilson or removal, and in any event, 13a USUAL RESIDENCE (Where deceased hydd, if institution, Residence before 13c, GITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATING Bette 4. FATHER'S NAME IS MOTHER'S MAIDEN MAME 160. WAS DECEASED EVER IN U.S. 17. INFORMANT 220-24-3073 Records Yes, no. or unknown) Wilson State Hospital 18 CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) tor use as the b f Health prior to b Page 4 may be retained by the hospitol or ottending this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No YES 🗀 NO [210 ACCIDENT WAS UNDERLYING DE 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 2 8 6 9 19 ___, and that in (2 1. 19 1464 ta and that in (my) (evr) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23t NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 3-4-69 Balto. Nat'l Balto., Md. 24. FUNERAL DIRECTOR **ADDRESS** 2Sb REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 4 30M REV, 1/68 Leonard J. Ruck, Inc., 5305 Harford Rd. Ochores DATE MAR



02085

within 24 hours after death.

execute

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the **l**leath certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

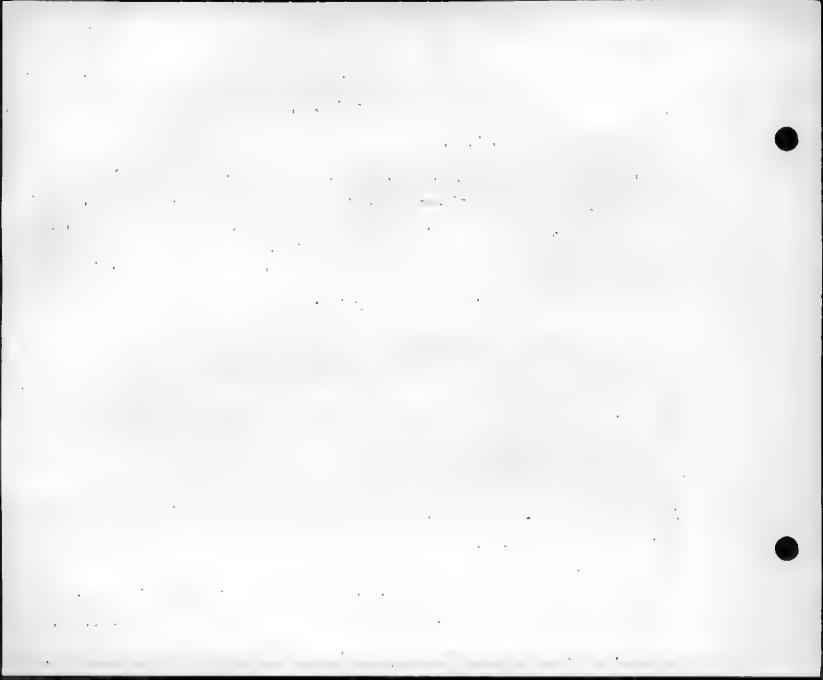
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		CEASED-NAME ype or print)	First	Middle		Lost		2a. DATE OF			26 HOUR
			MARIE	THERESA		NOHE			uary 17	loy 1969	8:00 m
58	3. SE	X Female	4. RACE	White		S. DATE OF B	18TH 2 -13-9 2		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAY	
	70 l	SIRTHPLACE (State or for	ergn 7b CITIZE	N OF WHAT COUNTRY?	8 MARRIE	D NEVER MAI	RRIED 9.	COUNTY OF		-	
	CGUI	Baltimore	9		WIDOW		RCED [Bal	timore		Md
e-an	10 0	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS	TiTUTION (I	f not in hospital	r2a USJA.	OCCUPATION (Kind of work dans	12b KIND C	OF BUSINESS OR
X		Baltimore		give street address) eph			anti House	Marey "	fe, even if retired) INDUSTRY	
7	13o admi	usual Residence (When ssion) STATE Mary.	e deceased lived, it	Institution. Residence before DUNTY		or town timore	139 INSIDE CITY LIM T	73e STR	EET AND NUMBER 03 McEld	erry St	21205
	14 F	ATHER'S NAME Firs	omas	liddle Last Neary		15. MOTHER'S M	AIDEN NAME First RO		Middle Donne	11y	Losi
	16g.	WAS DECEASED EVER IN	U.S ARMED FORCES	? 16b. SOCIAL SECURITY N	l0. 17	INFORMANT			Address	2121	4
	Y	es, na, ar unknown) { (If yes give wer or dates all s	214-16-80	81	F.Ralp	h Nohe	, son,	4617 Ar		
		1B. CAUSE OF DEATH PART I DEATH WA	S CAUSED BY.	e per line for (o), (b) and (c) Metastatio	car	cinoma o	of the b	reast.	right	APPRO BETWEEN	X MATE INTERVAL ONSET AND DEATH
		174Y	.MMEDIATE CAUSE (·/ ———			72 720 0	, ,	TELL		
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,	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS PER	REORMED	200 AUTO			TES WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
- 10		210. ACCIDENT WAS UN		TIME OF INJURY	210			ature of injury	in Port 1 or Part 2	?, Item +B.)	
	MEDICAL	☐ OR CONTRIBUTING ☐ CAL (if either, notify medical	ISE OF DEATH HUU lexaminer)	R A.M. Month Day Year P.M. 19							
		21d. INJURY OCCURRED While Not while of work	J	NJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC					r Town	County	State
		22a. I certify that	(this haspite	ol) attended the decease	d from_	2-15-0	19	_, to2	-17, 1	9_69_, the	it (Mr (we) last
		couses stated	ased alive an_ above, (I) (we	(did) (did not) view the b	9, a ady afte	ind that in (ny r deoth.	(our) apinio	on death o	curred on the c	lote and hou	r and fram the
		22b. SIGNATURE	reidran.	mulch ma	DE	GREE PHYS	NG MED.	CTOR	STAFF EC 220	2-17-69	9
		22d PHYSICIAN'S		alek, M.D.	-	22e. ADD	RESS		Towson,		
	23a	BUR AL, CREMATION, BENOVALISE (14)	23b DATE 2/20/6	23c NAME OF C			≥m.	Balt	(City or Town) imore,	(County) Md.	(Stote)
R	²⁴ S	FUNERAL DIRECTOR Chimunek	1	Home. Inc.			DATE EB 2	FGATRAP96	3 25b. RECHSPRAR	's sienstule	iget



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02081 1. DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) WILLIAM law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar remaval, and in any event, within 72 hours after deat Feb. J. O'CONNOR 3. SFX 4. RACE S DATE OF BIRTH F UNDER 1 YEAR 6 AGE (In years 1893 last birthdoy) HOURS July 4. White Male 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED * NEVER MARRIED country) Maryland USA Baltimore WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If pot in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress **INDJSTRY** Towson General 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER land 13b COUNTY 2905 Summit Ave. NO C Balto. Balto. 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Thomas O'Connor Katherine Murphy 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 6076 family records 01 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause BUT NOT RELAXED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(a) for use as the b f Health priar ta b this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES -21o. ACCIDENT WAS UNDERLYING. 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Port 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 211 LOCATION directar, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R F.D No. City or Jown County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (pur) apinian death accurred an the date and haur and from the saw the deceased alixeon_ causes stated above. (1) Live) (did (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) Frank 9005 Harford Balto., Kasik 23b. DATE 2/22/69 23c NAME OF CEMETERY OR CREMATORY Moreland Memorial 230 BURIAL, CREMATION, Parkvi Pk. BEND HALTS BELTY) & SON 8802 Harford VR A15 (4) DM REV. 1365 30M REV.





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2	1 .	02088 DIV		301 W. PRESTON STREET, BALL		_
	1	tem23 FilmGL10 3/		CERTIFICATE OF DEATH		5883
1		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH Month 7 7 Day	2b HOUR
e e		MARGA	PET ELLEN		04 00	67 11 PM
曹	3. SE		RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
25	_	romole 1	white	12-2-1891	5 72 YRS	
in by	Za B	1-4	TIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	BALTIMORE	
24 ed i ed i aper	10.0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	AL DCCUPATION (Kind of work dang	Md 126 KIND OF BUSINESS OR
within 24 ban pape within 7	Ã	idge leigh	give street address) 85/1	Chestnut Ockladuring	agst of working life, even if retired)	INDUSTRY
aguins that the leath certificate ball exacuted within 24 hours i physician. signed by the attending physician and campletely filled in by burial-transit permit. Then please remove carban papers. Pot burial, crematian or removal, and in any event, within 72 hours		USJAL RESIDENCE (Where deceased live isian) STATE Mory (p. n.d.) 13	d, if institution Residence before b COUNTY BOH I MORE	13c. C TY OR TOWN 13d. INSIDE CITY	130 STREET AND NUMBER	ORE ROAD
exilia ony	14. F	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
b∎ ex n and ie rem		HARRY	COULTE	R SARAH		NORRIS
ficate bi ysician o please al, and ir	lóa.	WAS DECEASED EVER IN U.S ARMED FO	RCES? 16b. SOCIAL SECURITY I		Address	, 3
rifii Sylva Oli		No		DON'S E FINE	VESSY NEW FREE	dom, A
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ansit ma		rise to immediate cause (a),	(b) OD AS A CONSTRUCTOR OF	arunoma 7 mad	1 felicies	
s the cian deby cree , cree	Н	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		V	
hysi gne urial				OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ag paragraph and a single but be but a but	-					
the law attending attending has been se as the hpriar ta	CERTIFICATION	190. DATE OF OPERATION 196 CONDI	TION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
The after has be a the page of	TIFIC			YES NO	CAUSES OF DEATH?	
YSICIAN: ospital or certificate hed far u		21a ACCIDENT WAS UNDERLYING] TOR CONTRIBUTING TO CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ent	er nature of injury in P <mark>art 1 or Part 2</mark> , II	tem 18.)
HYSICIA hospital certifical iched fa	MEDICAL	(If either, notify medical examiner)	P.M.	9		
be hose this ce detache	W	at work at work		CTORY.) 21f. LOCATION Street or R F.D. N		County State
OR ATTENDING be retained by the SIRECTOR: After e 3 should be de ed with the State		22a. I certify that (I) (this he	spital) ottended the deceas	ed from, 19 19 <u>67_,</u> and that in (my) (our) ap	GA, to Filmon, 19	69 , that (I) (we) los
END led Jid the S	Ш	sow the deceased alive a	(we) (did) (did not) view the	19 <u>197</u> , and that in (my) (our) of body after death	onion deoth occurred on the dol	te and hour and from the
ATT ATT Short Trong Short		22b SIGNATURE	A A		22c. D	PATE SIGNED 1
OR ATTEN! be retained JIRECTOR: / e 3 should ed with the		· L. fl.	Joffen In	WY DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	42469
TO HOSPITAL OR ATTENDING PHYSICIAN: The law auturns that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the aidirector, page 3 should be detached far use as the burial-transit perhauld be filed with the State Dept. of Health priar ta burial, crematical.		22d. PHYSICIAN'S NAME (Type) F. P.	Coffny JK.	22e ADDRESS 3 (07)	8. Parl St. Bi	alh(E8)md.
UNE Setal	230	BURIAL CREMATION, 236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Page of Full direct shault	17	REMOVAL (Specify) 2/26/		MEMORIAL Cem	Minni 7/0	pristo
	24	FUNERAL DIRECTOR	/ // ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S	
VR A15 (4) 30AL REV 1768	2	urger tunero	1 Home 1321	to //// BARBI	2 7 1969 10 Chambe	yeeger.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health pring to burial, cremation, or remayal, and in any event, within 72 hours after death.

Certificate, be executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death,

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

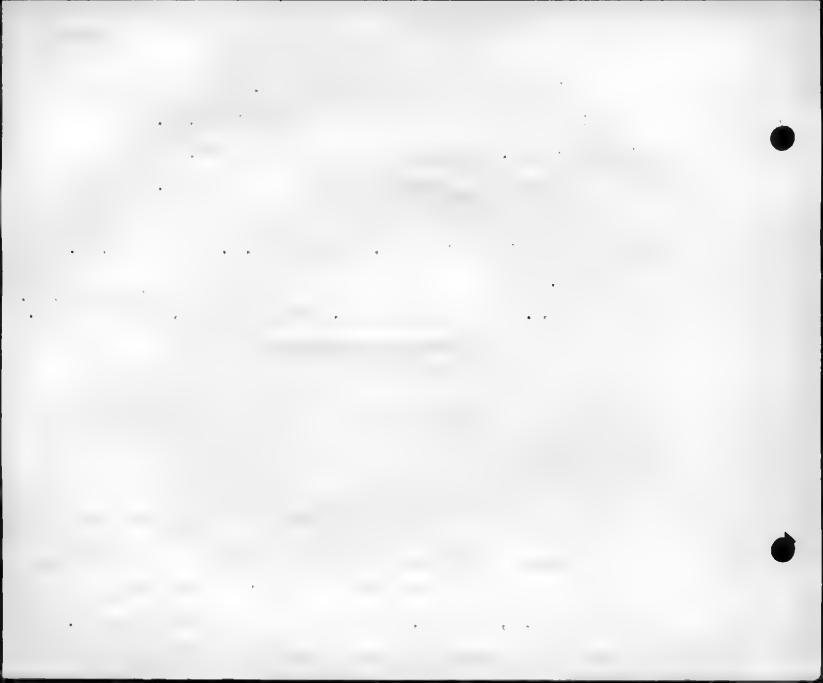
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02084

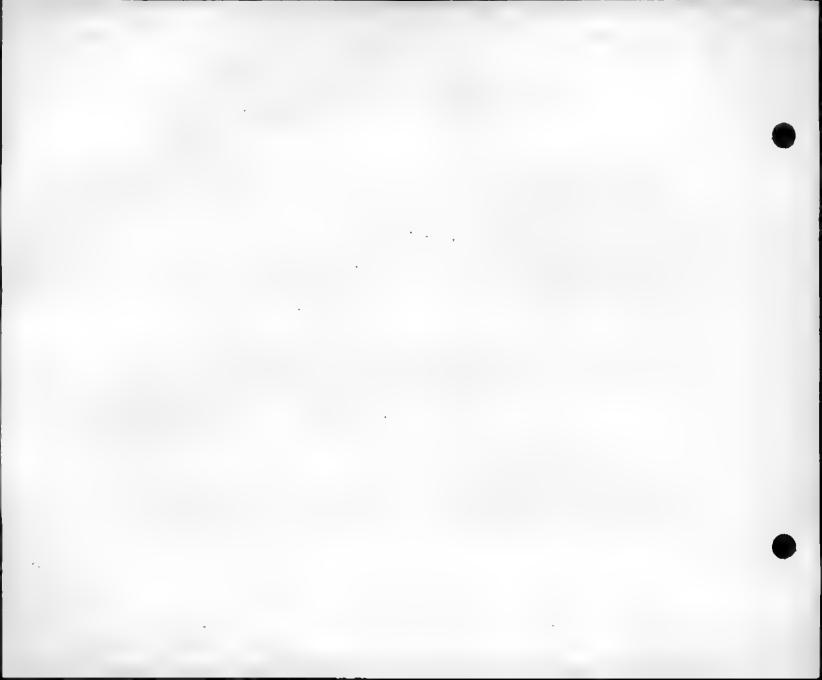
		PLACE OF DEATH o, COUNTY					2. USUAL RESIDENCE	(Where dece			before odmiss	ion)
		В	altimore			MARYLAND	o. STATE Md.		b. (OI	Balt:	imore	
		b City OR TOWN (I	f outside corporate limit	5,	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (if o	utside corpo	prote limits, write Rl	JRAL ond give ne	earest town)	
		Pikesv	give negrest town)			unknow	Pikes	ville	8, Md.			
_	(d. NAME OF HOSPIT.	AL OR INSTITUTION (If n	ot in hospitol, g	ive street oddre	ss)	d STREET ADDRESS				e IS RESI ON A I	
7		4500 T	apscott Rd.	•			4500 Taps	cott	Rd.		YES	NO 🔀
?		NAME OF DECEASED	F	irst	Midd	le	Lost	4. DATE	Moi	nth	Doy Ye	ear
p.	ĺ	(Type or print)	Robert		Jean		Palle	DEAT	-	20	2	69
	S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER M	ARRIED 🔲	8. DATE OF SIRTH		9 AGE (In years lost birthday)	Months De	AR FUNDE	R 24 HRS
		lale	White	WIDOWED			lay 16,1917		51 yrs.			
		USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS DUSTRY	OR	11 BIRTHPLACE (County	y & Stote, or	foreign country)	12 CITIZE	N OF WHAT	
		Sales	Engineerin	ag Boe	titch D	iv.Text				U.S	.A.	
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
		Marc						a For	rester			
	(Ye	WAS DECEASED EVE is, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	OCIAL SECURITY		INFORMANT			ikesvil		
		Yes	W.W.11		wknou		. Alice Fos	ter 1	alle, 45	00 Taps		
			ATH (Enter only one col H WAS CAUSED BY	use per line for	(o), (b) ond (c))	1				ONSET AND	
		144 1	IMMEDIATE CAUSE		cerce	2	2 trais					
		Conditions if any		TO								
	Conditions, if ony, which gove (b) (b)											
	stoting the underlying cause (c)											
			SNIFICANT CONDITIONS (O DEATH SHT N	OT RELATED TO	THE TERMINAL DISEASE CO	MDITION GI	VEN IN PART I(a)		19 WAS AUT	TOPSY
/	MEDICAL CERTIFICATION	VARCE OF STREET	ann centre comprisons	OTTE DOTTE T	O DERIII DOT II	or Reports 10	THE TERMINANT PROPERTY CO	Menior of	THE THE PART TO		PERFORM YES	MED?
\	퇿	200 ACC DENT WAS	UNDERLYING [7]	20b. DE	CRIBE HOW INJ	IRY OCCURRED.	(Enter nature of injury in	Port t or P	ort II of item 18.)		112	
		OR CONTRIBUTING			THE THOU THE	3111 00001111110	(Error Morore or Injerty II		01. 11 07 1101.1 10 7			
	3	*	IRY Month, Day, Year	20d IN	JURY OCCURRED	20e. PL/	CE OF INJURY (Home, for	m. T 20f	(Cty or town)	(County	()	(Stote)
	WED.	Hour o.n	1.	While of work	Not While		ory, street, office bldg., etc		, , , , , ,	,		, ,
	-		y that (I) (this has			nsed from	9 - 29	1965	to 2 - 2	0 1969	that (I) I	tan law
			ecegoed alive on	0	19		t death occurred a		M, fram causes			
		220 SIGNATURE	1	1	10		·	/		22b DATE		
		-	Levene	1 Xor	ller) M	D PHYS	MED DIRECTOR	STAFF PHYS.	1 2/8	21/69	
,		22E PHYSICIANS	1,	77) [[22d ADDRESS _) (' 's a D	,		
		NAME (Typè)	VEROM.	E U	oller	MID	221		oute P			
	230	BURIAL, CREMATIC			1	F CEMETERY OR		23d	LOCATION (City or T		. 17	Stote)
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	24	FUNERAL DIRECTO	621	M	ABORE!	S	25¢ REC	D BY REGIS		CUCAR	ATLO	J.C.
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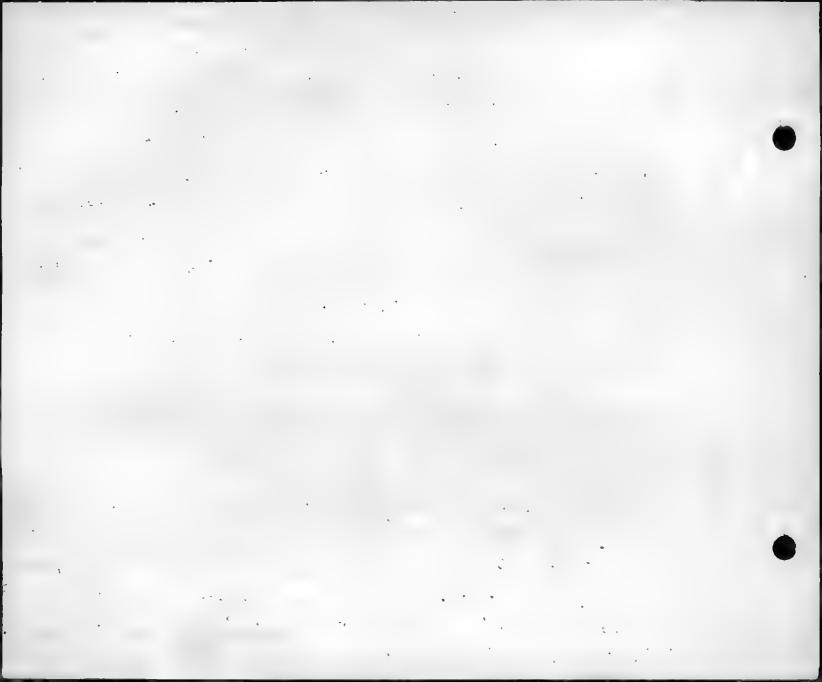
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EOD STATE	2/20/69 kk DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	2085
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day	Yeor 2b HOUR
≈ 5 8 ₽ ×	(Type or Print) AMBROSE RACHAL PARKER OF ESTI- DEATH MATED 2 10	169 7:35
3 236	3 SEX 4. RACE S DATE OF BIRTH 6. AGE in yours if Under 1 YEAR if UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d HOUR
and PM3.	Male White 3-5-1929 39 YRS MONTHS DATS HOURS MAN. Month Feb. Doy 10.	19 69 7:35
	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Y COUNTY OF DEATH	
orth Coges 1,	Country) Louisiana USA WIDOWED DIVORCED Balto.	M
offer deoth along with form with the State Deoth	IN CITY OF IDWAN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION OF HOR HOSPITAL OR LINES THE PROPERTY OF THE PROP	ND OF BUSINESS OR
ofter de 8. Give la along w with the	13p 115HAL RES.DENCE (Where decensed lived & institution Recidence before 13c (ITY OR TOWN 13d INSIDE CITY UMIS? 13e STREET AND NUMBER	spital
₹ a//	130 USUAL RES.DENCE (Where decensed type, f institution Residence before 13c CITY OR TOWN odmiss on) STATE LOUISIANA MC. 136 COUNTY ALEXANDRIA YES NO STATE COUNTY BALEXANDRIA (CATONSVILLE) NO STATE STATE AND NUMBER STREET AND NU	/ /Hospirtal/
hours Item 18 Office Office Iond2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	Robert K. Parker Anna Ra	chal
	160 WAS DECEASED EVER IN J. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pendi	No 1437-24-4026 Hospital Records Above	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (o), and (c).) PART I DEATH WAS (AUSED BY:	ETWEEN ONSET AND DEATH
be executed "pending" in Medical Bushin in it permit.	IMMCDIATE CAUSE (o) AT CET TO SCIENCE OF	
oe e ief Mief M	Conditions, if ony, which gave)	
T P S P A	rise to immediate couse (o). stoting the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
should be one word "pe in word "pe in the Chief buriol-transit in ony ever	last (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing th irwarded to	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2	O. AUTOPSY?
e, writ forwar r used emova	WAS PERFORMED?	YESTEN NO
E = 0 0 1	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	1287
INER: Thi	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, 21f LOCATION Street or R.F.D.No. (ity or Town Coun	
	1	nty State
EXAMINER: cute the cert age 4 should reyour files. Poge 3 should tremption, I cremotion,	AT WORK AT WORK	
8 c- 5 E		and in my apiniai
please e I directo retoined DIRECT ior to bu	death_resulted_fram Natural_causes 🔀 , Accident 🗍 , Suicide 🗍 , Hamicide 🗍 , Undetermined manner	
pleose direct retoine DIREC	ACTUAL CHIEF MEDICAL EXAMINER CONTROL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
UTY, pry, perol pri	No. of the contract of the con	/10/69
necessory, pleose execute the funeral director. Page 4 5 moy be retained for your TO FUNERAL DIRECTOR: Page Health prior to burnal, cren	NAME (Type) Edward F. Wilson M.D. ADDRESS(Street, city, town, or county)	20103
10 H	230 BURIAL (REMATION, PEMOVAL (Specify) 236 DATE 236 NAME OF (EMETERY OR (REMATORY 23d LOCATION (City or Town) (County PEMOVAL (Specify)	y) (Stote)
	Burial February 14.1969 New Cathedral Baltimore	Md.
VR ATSME S	H.W. Jenkins & Sons Co., Balto., Md.	KI A TALL
TOM REV. 1/64	DAIL	

. - Cample 1 3 Day . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02086 CERTIFICATE OF DEATH 1. DECEASED NAME Middle death. 2a. DATE OF DEATH 2b. HOUR within 24 hours after death and (Type or print) and campletely filled in by the funeral remave carban papers. Pages 1 and Month 3 SEX 5. DATE OF BIRTH 6 AGE (in years IF JNDER I YEAR MEINTHS 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED . DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired) **END., STRY** SOM 3a USUAL RES DENCE (Where deceased fixed, if institution Residence before requires that the death certificate be executed 13c CITY/OR TOWN 13d INSIDE CITY CALTS? admission) STATE 13b. COUNTY ease remave In any 14 FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First eorge physician and 16a. WAS DECEASED EVER IN US. ARMED FORCES? 17 INFORMAN -Yes, no, or unknown) (diges give war or dates of service) dr remova 6 APPROXIMATE INTERVA signed by the attending burial-transit permit. Th 18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate cause (a), i DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) s the lartot IO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? Heolth I YES [NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Þ OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Manth Day Year (If either, nat.fy medical exominer) P.M detached 21d INJURY OCCURRED 218 PLACE OF INJURY / AT HOME FARM STREET FACTORY \ 214 LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 2-17 2-27 , 1969 , that (I) (we) last saw the deceased alive on _ 1967, and that in (my) (aur) apinian death accurred on the date and haur and from the be retained causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE director, page should be filed PHYS DIRECTOR TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) (County) (State)



		MARYLAND STATE DEPARTMENT OF HEALTH	
. 1		02092 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH 02087	
4 24		ECEASED-NAME First Middle Last , 2a, DATE OF DEATH 2b, HO	UR
death.	(1	(ype or print) MARY AUNA PETRI Feb. Manth 3 Day 69 Year	М
e le	3 SE	X 4. RACE , S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 EAR IF UNDER 24	HRS.
E 128 2	1	CMA/E WhITE FEB. 2,1886 83" YRS.	
Thou sour	7a E	BIRTHPLACE (State or Fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
24 ho ed in pers.		" MG U.S.A WIDOWED DIVOKED 13 17 114 0 18 2	Md
aquires that the deoth certificate be executed within 24 hours after death physician. signed by the ottending physican and completely filled in buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremotion, or removol, and in ony event, within 72 hours after death	10.0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of warking life, even if retired) 12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired) 11b. KIND OF BUSINESS O INDUSTRY	K
ed w pletel carb ent, 1		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR JOWN 13d INS DE CITY LIM TS? 13e. STREET AND NUMBER	
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and		WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO. 17 INFORMANT Address	
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reming reminder		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	TH
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The la otten otten otten has be as se as th pric	CERTIFICATION	YES NO RECORDING FOR WHICH OPERATION WAS PERFORMED YES NO RECORD TO THE CAUSES OF DEATH?	
or o		21a, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
rsician: ospital or certificate hed for unit. of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 P.M 19	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOL: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tron should be filled with the Stote Dept. of Health prior to burial, cre	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Sto	te
G PH the h r this defact te Dep		While Nat while at wark 22a. I certify that (I) (this bespital) attended the deceased from 1966, to 2/3, 1967, that (I) (we	loct
ATTENDING stained by the CTO After (Should be dishould be dishould be dishould be dish the Stote		19 6 9 and that in (my) (aur) aninian death accurred on the date and have and from	n the
TTEN Dinection		causes stated abave, (1) (we) (did nat) view the bady after death.	
R A 3 SFCT With with		226. SIGNATURE) 226. SIGNATURE DEGREE PHYS DIRECTOR D STAFF PHYS PH	
y be y be oge	-	22d. PHYSKIAN'S 22d. ADDRESS	
ERAI Jr, P		NAME (Type) JO'LAN N. SLEAN MICH 5 8001 SUCTION AUC. HALV. LYIM	7/
O HOSPITAL OR ATTENDING PHYS Poge 4 moy be retained by the host O FUNERAL DIRECTON: After this can director, poge 3 should be detache should be filed with the Stote Dept.	23a	I. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
5° 5 9 2	L	REMOVAL (Specify) / 2-6-69 HOLY KEDER COLL BOLL (COLL BOLL)	
VR A15 (4) 30M REV. 1768	24.	FUNERAL DIRECTOR ADDRESS 250. RECEIVER WORLD REGISTRAR'S HOWATERE STOWN SERVICE PROPERTY OF THE PROPERTY OF	
30/41 RET, 1780.	10	OVAUNOUS STORE OF DAIL	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02093 02088 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death. deoth. pup pletely filled in by the funeral cerbon papers! Prizes I and cet within 72 hours after deat (Type or print) February Month 1. 196^y9" HILDA PFLAUM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNDER 24 HRS. last birthday) 67 Female September 14, 1901 White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XNEVER MARRIED country) DIVORCED | WIDOWED [7] Maryland U.S.A Baltimore 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street address) 1406 Avon Court during most of working life, even if retired.) INDUSTRY Halethorpe 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 36, INSIDE CITY LIMITS? 13b COUNTY Halethorpe YES 🗀 NOK 1406 Avon Court Raltimore dny physician and chen please remo First 1S MOTHER'S MAIDEN NAME First Lost signed by the ottending physician ar burial-tronsit permit. Then please ri burial, cremation, or removal, and in Elizabeth Horner 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) 216-07-4476 Mr. John Pflaum, 1406 Avon Court 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) **O FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detoched for use as the burnal-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse(PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detoched for use as the Stote Dept. of Health prior to 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🗍 NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 27f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR 22d. PHYS CIAN'S 22e. ADDRESS NAME (Type) 1311 Francis Avenue, Balto... James Fredericks 21227 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) 2-5-1969 Baltimore, Maryland BURTAT Baltimore National Cem. 25a REC D BY REGISTRAR FUNERAL DIRECTOR

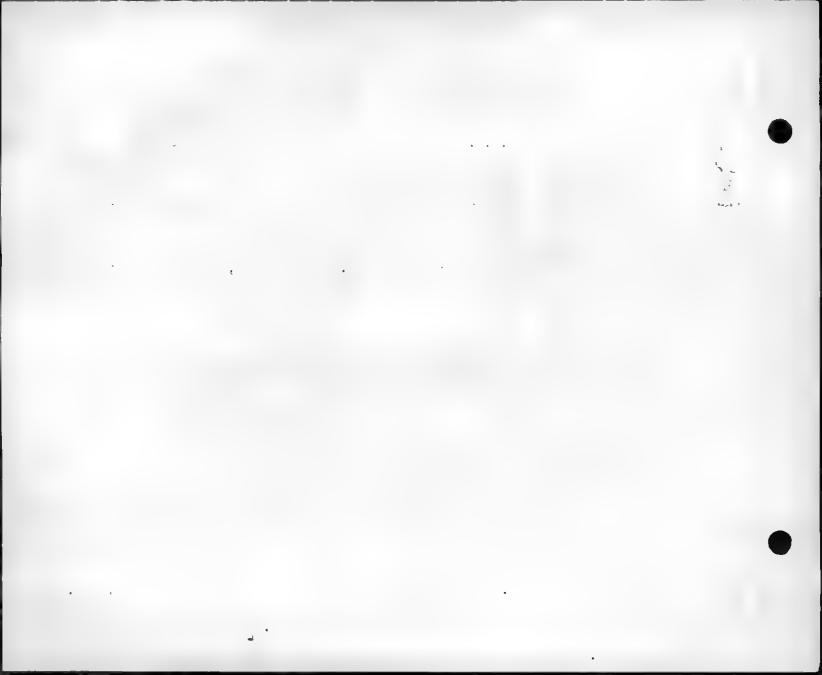
Howard H. Hubbard, 4107 Wilkens Ave.

21229

DATE

VR A15 (4)

30M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02426 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost Just 20. DATE OF DEATH 2b. HOUR (Type or print) 300 9 Std berr 3. SEX 4. RACE 6. AGE (In years TE UNIOER 1 YEAR IF LINGER 24 HRS. lost birthdoy) MONTHS DAYS HOURS 11-7-97 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Geor USA RALTIMIRE WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
BALTIMORE CO.GENERAL during most of working life, even if retired) INDUSTRY NOALLS 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUNITS? 13e STREET AND NUMBER odmission) STATE YES X Balto 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First 166 SOCIAL SECURITY NO 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes po or unknown) (If yes give wor or dates of service) Equitable Building John/Baker YES 1B. CAUSE OF DEATH (Enter on y one couse per line for (o) (b), and (c)) FULMON AR PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.E.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 196 , to 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an _, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an. causes stated above, (i) (we) (did) (did nat) view the bady after death. 22b SIGNATUR MED. DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b DATE 23E. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION Burial (Specify) Druid Ridge Cemetery Baltimore, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending blysh director, page 3 should be detached for use as the burial-transit permit. Then ple should be filed with the State Dept. of Health prior to burial, cremation, or remayal, is

and 2 death.

papers Pages i hin 72 hours after

within

and in any event

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and campletely filled in by the funeral remaye carbon papers. Pages 1 and

be executed within 24 hours after death

requires that the death certificate

be retained by the haspital ar attending physician.

ATTENDING

TO HOSPITAL OR Page 4 may be r

24. FUNERAL DIRECTOR

2-15-69

2Sb REGISTRAR'S SIGNATURE

rinacost Funeral Chapel-4600 Liberty Hts. AVEATE FEB 19

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MARYLAND STATE DEPARTMENT OF HEALTH

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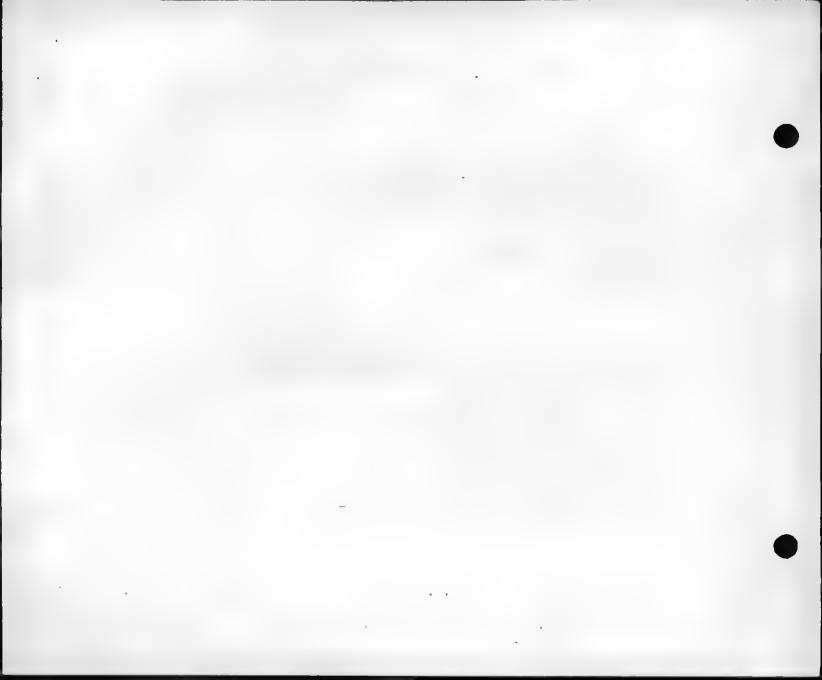
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tentral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the Beath certificate to execut

Page 4 may be retained by the Baspital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	DECEASED-NAME	First		Middle		Last		20.	DATE OF DEATH		2b HOUR	
L.	(Type or print)	Fra	nk G.		Phe	lps			February 80	1969	3:10 M	
3. 5	EX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	Male		White			7	-5-05		last (arthdoy)	MONTHS CAYS	HOURS MIN	
70.	BIRTHPLACE (Stote or fo	reign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	KI NEVER MA	RRIED	9 COU	NTY OF DEATH	1		
COU	Baltimo	re	U.S.A		WIDOWED [DIVO	RCED [Baltimore		Md	
10	Baltimore	H	II NAM give stre	E OF HOSPITAL OR INS et address) E . Joseph	Hospi	t in hospital	12a. USU	ast of w	PATION (Kind of work done vorking life even if retired.)	12b. KIND OI INDUSTRY Reid	F BUSINESS OR	
130.	USUAL RESIDENCE (Whe	ere deceosed			13c. CITY OR		134 INSIDE EITY LE		13e STREET AND NUMBER	Keru .	Avery	
adrr	nissian) STATEMary	land	13b COUNTY B					0 X	2626 Joppa I	Road, 2	1234	
14.	FATHER'S NAME FIR	st	Middle	Lost	15.	MOTHER'S N	laiden name f	ırst	Middle		Lost	
	Fı	ank		Phelps		Alice	9					
160	. WAS DECEASED EVER IN	U.S. ARMED	FORCES?	6b SOCIAL SECURITY N	IO 17. II	FORMANT			Address			
_	Yes, na ar unknown) No	111 302 3104 4171	and a specific product of the	214-05-39	89	Wif	e: Man	rgar	et same			
	18. CAUSE OF DEATH	(Enter only	one cause per line	far (a), (b), ond (c).		-					COMMATE INTERVAL ONSET AND OCATH	
	PART 1. DEATH W	AS CAUSED E	3Y-	44.4.4		a lan	1.0			1341120	UNSET AND ULARY	
	2029	IMMEDIATE	CAUSE (a)	A CONSEQUENCE OF	med 4	LAKE.	WA IX					
	Canditions, if any, wh	ich aave i	DUE TO, OK AS	A CONSEQUENCE OF	40' 000	مل م رما	Lac					
	rise to immediate co	use (a), {	(b)		UL WY	and t	, 817					
	storing the underlyin	g cause(DUE TO, OK AS	A CONSEQUENCE OF	A M	1						
	last (c) by m puo ma											
	PART 2. OTHER SIGNIF	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
8												
S	190. DATE OF OPERATION	N 19b. CO	NDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a, AUTO	OPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN (CERTIFYING	
CERTIFICATION						YES [] NO 🗔	K	CAUSES OF DEATH?			
	21a. ACCIDENT WAS U		21b. TIME OF IN		21c. HO	W INJURY OC	CURRED (Enter	r nature	of injury in Part 1 or Port 2,	(tem 18.)		
MEDICAL	OR CONTRIBUTING CO			Manth Day Year								
뿧	21d INTURY OCCUPRE) 21a Pl		HOME, FARM, STREET, FAC FICE BUILDING, ETC		ATION Stre	et or R.F.D. No.		City or Tawn	County	Stote	
	While Not while at work		\ OF	FFICE BUILDING, EYC							31010	
ı		t (I) (this	haspital) atton	dad the decours	d from	2=5=60	10		10 Z=8=69 10	46.0	1 (D) () ()	
ı	22a. I certify that (I) (this haspital) attended the deceased from 2-5-69, 19, to 2-8-69, 19, that (I) (we) last saw the deceased alive an 2-8-69 and that in (my) (aur) apinian death accurred an the date and haur and from the											
ı	causes stated abave, (1) (we) (did) (did nat) view the bady after death.											
	226 SIGNATURE	10		· · · · · · · · · · · · · · · · · · ·					22c	DATE SIGNED		
		1700	maal	an N	DEGRE	ATTENDI E PHYS	NG D	VED Virector	STAFF M	2-8-69		
1	22d PHYSICIAN S	77	7	- 1-	+	22e ADI		MECTOR	1113.			
	NAME (Type)	aime	Punzalon	M.D.			7620 Y	ork	Road, Towson.	Md. 2	1204	
23n	BURIAL, CREMATION,	23b DAT	E	23c. NAME OF (EMETERY OR 4	REMATORY			LOCATION (City or Tawn)	(Caunty)	(State)	
	BURTAL (Specify)	1	12,1969						ltimore, Mary	1 (1	(artire)	
				2220004			25a. AEFDA		TRAR 25h REC STRAP S	SQUITARDS		
W	m. Cook-Bro	DOKS 1	owson, I	050 York owson, Ma	koad ryland	2120	[br (re- ba)	IU	1969	refor Uses	spe.	



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
1 /		02095	MORE, MARYLAND 21201	02091						
F					E OF DEATH					
ond 2 deoth		CEASED-NAME First ype or print)	Midd	01	Lost	2a DATE OF DEATH Month Day	Year Year	₹ 5 M		
funerol 1 ond er deot	3. SE	Y ///	-	e In	PATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HI	g m RS.		
hours affer	3. 30	/emale	11/hite	1	0-25-99	frank trial factories at the factories of the factories o	MONTHS DAYS HOURS M	fN.		
within 72 hours o		IRTHPLACE (State of foreign 7	b. CITIZEN OF WHAT COUNTRY			COUNTY OF DEATH		_		
CVI		BAITO.	1158	WIDOWED [DIVORCED 🗍	BA170.		Md		
量りご	10.00 4K	TY OR TOWN OF DEATH		CO. GEN, H	hospital 120. USUAL during mas	OCCUPATION (Kind of work done to a working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY			
±.	130.	JSUAL RESIDENCE (Where deceased			VN 13d INSIDE CITY LIMIT	75? 13e STREET AND NUMBER		_		
ever	adm	ssign) STATE AND	136. COUNTS A 170.	Balto	YES NO	X 7325 Wino	Isor Mill Ka	,		
in ony	14. 1	ATHER'S NAME First	Middle /	Last 15 MO	OTHER'S MAIDEN NAME Firs	St Middle	Nichals			
puo	160.	WAS DECEASED EVER IN U.S ARMEE	ORCES? 16b SOCIAL!	SECURITY NO. 17. INFOR	RMANT H Dhil	Address Address	sor Mill Rd.			
ovol,		es no or unknawn) (If yes give war	at doles di selatre)	W 11	Fam H. Phil	The Paragram Milia	APPROXIMATE INTERVAL			
remo		18. CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED I	ane cause per line for (a), (b)	, and (c) = P.	absorbance (arest	BETWEEN ONSET AND DEATH	_		
٦, ٥	П	154 MANEDIATE	DUE TO, OR AS A CONSEQU	THE DE	apacy, i		Manne	-		
nation, or removel, and in any event, within 7		Conditions, if any, which gave rise to immediate cause (a),	(b)	bemie	Preumon	tis .	danje.			
I, crem		stating the underlying cause	DUE TO, OR AS A CONSEQU	PENCE OF the	Rectumb ?	witagened he	propres YEAR	2		
buriol, cremation, or removal, and in any event,		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	NOTION GIVEN IN PART 1(0)		-		
ie Dept. of Health prior fait	8					Leat IF was turbe Shiphias of	CONCIDENCE IN CERTIFICATIO			
· X	CERTIFICATION	19a DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO NO	206 IF YES, WERE FINDINGS (CAUSES OF DEATH?	LUNSIDERED IN CERTIFTING			
		21a ACCIDENT WAS UNDERLYING				nature of injury in Part 1 or Part 2,	Item 18.)			
	2	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Month Do	Y Year						
	MED	21d. INJURY OCCURRED 21e. Pl While Nat while at work of work	ACE OF INJURY (AT HOME FARM OFFICE BUILDIN	, STREET, FACTORY.) 21F LOCATE	ON Street at R.F.D. Na.	City ar Tawn	County State			
	Н	22a. I certify that (I) (this	haspital) attended the	deceased from	2-4-, 1969	9 , ta 2 - 9 - 19 Non deoth occurred on the de	64 , that (I) (we)	ast		
	П	saw the deceosed alia couses stated above.	(I) (we) (did) (did not) vi	9-1967, and the	at in (my) (our) opin th.	ion deoth occurred on the do	ote and hour and from	the		
		22b. SIGNATURE	1+ 0	A A a ser		D STAFF TIC.	DATE SIGNED	_		
		DO L. DUNGIGIANIS	ehh y.	DEGREE	PHYS DIR	RECTOR PHYS C	2-9-69			
		22d. PHYSICIAN'S NAME (Type)	GELITA T	OPACIO	BC 9	nd ·				
	23a	BUR AL, CREMATION, 23b. DA		NAME OF CEMETERY OR CREATER		23d LOCATION (City or Town)	(County) (State)			
		FUNERAL DIRECTOR	1-69 W	oodlawn Cer	netery 250 RECOBY	Baltimore, Ma	SIGNATURE			
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h 7.	2 - V		A AAAA TIKUUI	A TICATOD BUT A	CALLED TO FEEL !		5.7			

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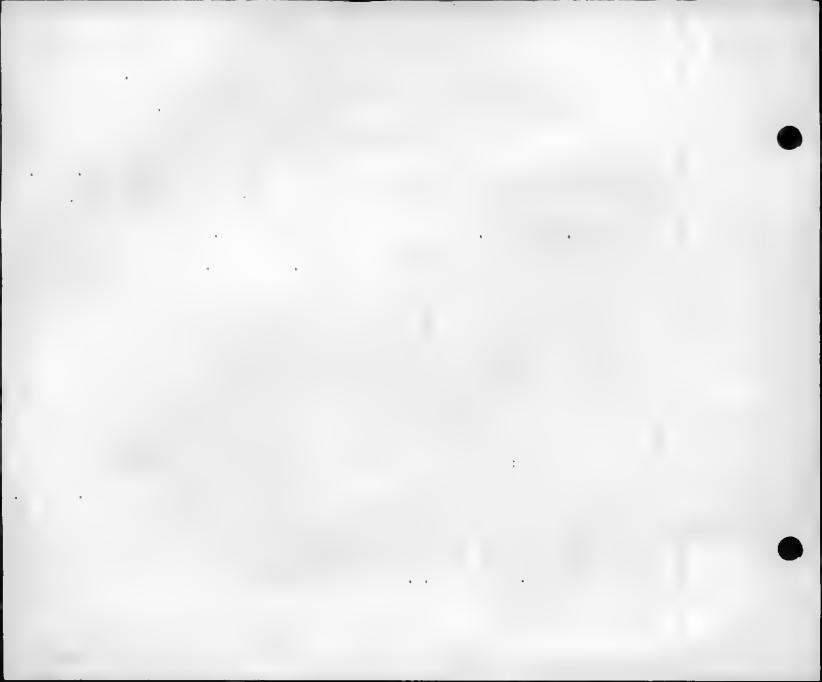
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2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02093 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 20 DATE KNOWNS Month Doy Year 26 HOUR (Type or Print) **NICHOLAS** OF ESTI-POLITZ Wm. DEATH MATED Feb. 21, 1969 12:40 o the State Department TE JNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR pup Doy 21, White Ma le Yeor Feb. June 7. 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Mary land WIDOWED [DIVORCED DO Baltimore pending" in pehal in tem 18. Give Pages of Medical Examiner's Office along with for 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g JSDA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) East bound #695 during most of working life, even if retired) Baltimore 130 USUAL RES DENCE (Where deceosed lived, if institution. Residence before 13c City OR TOWN 136 INSIDE CITY DINUTS? 3e STREET AND NUMBER and 2 with death 341 Trimble Rd. Apt. 3 odmission) STATE Maryland 13b COUNTY Baltimore Joppa offer IS MOTHER'S MAIDEN NAME 14. FATHER S NAME Los! George F. Politz Cathryn E. Gunther **Nours** 16b. SOCIA, SECURITY NO 17. INFORMANT be executed within (Yes, no, or unknown) Politz In. 1236 Hilldale Avenue George F. File mithin. 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Traumatic Injuries DUE TO, OR AS A CONSEQUENCE OF transit Canditions, if any, which gave rise to immediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) =CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES K NO [execute the certificate, 21g EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY TO OR CONTRIBUTING :05xx 2/21/ 1969 Driver in single car collision CAUSE OF DEATH 2.d INSURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. County State factory, affice building, etc.) AT WORK AT WORK East bound #695 Balto. Street burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry [and in my apin an death resulted from Natural causes Accident Set. Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED ASSISTANT MED CAL EXAMINER FUNERAL SIGNATURE 2/21/69 DEPUTY MEDICAL EXAMINER Ronald N. Kornblum, M.D. **EXAMINER'S** Handth NAME (Type) ADDRESS(Street, city, town, ar county) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) emeterula 75b REGISTRARS S GNATURE (hesaco Avenue VR AT5ME (5) Minute Quelos



MARYLAND STATE DEPARTMENT OF HEALTH 02094 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02098 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR executed within 24 hours after deoth. signed by the attending physician and completely filled in by the fureral buriol-transit permit. Then please remove corbon papers. -Pages 1 and 2 buriol, cremation, or removal, and in any event, within 72 hours after death. (Type or print) IF UNDER 24 HRS 6 AGE (In years lost birthdoy) MONTHS HOLRS Male 7c. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore County WIDOWED DIVORCED [Jamaca 10, CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Mount Wilson Hosp. Manager STAYR 130. USUA: RESIDENCE (Where deceased lived/if institution Residence before 13d INSIDE CITY LIMITS? 13e STREET AND MUMBER 13c CITY OR TOWN odmission) STATE 13b COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First signed by the attending physician and buriol-transit permit. Then please rem The low requires that the deoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dotes of service) Yes, no. or unknown) Records ilson State Hospita 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: RONCHO PNEUMONIA + COR PORMONALO IMMEDIATE CAUSE (o) I Sema & BRONCHIECTASIS Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse UBERCULOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the k O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [director, page 3 should be detoched for use should be filed with the State Dept. of Ilealth 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from f - 6 , 19 6 4 , ta - 12 , 19 6 4 , that (I) (we) last saw the deceased alive an 2 - 12 19 6 4 , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURFAL, CREMAT ON 23b. DATE (County) (Stote) REMOVAL (Specify) Be the 1 Lantz #1 Frederick Co. ADDRESS _FUNERAL DIRECTOR 250. REQUIENT EGISTRIR 30M REV. DATE



CHIZUK AMUNO (ARLINGTON)

VR A15ME (5)

24 FUNERAL DIRECTOR
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

2-9-69

GTON | BALTIMORE, MARYLAND
250 REGISTRAR | 250 REGISTRAR'S SIGNATURE
TER 1 9 1000 | Wilmeley Judga



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0209 DECEASED NAME First Middle Lost 2a DATE OF QEATH 2b HOUR 24 hours after death (Type or print) Month > 9:45M Edith Peggy 69 RAISOR 4. RACE 3 SEX 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS lost birthday) MONTHS Female White Jan. 24. 1950 7a. BIRTHPLACE (State or fare gn. 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Maryland U.S.A. Baltimore WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street oddress) Rose wood State Hosp. Owings Mills during most of working life, even if retired) 13a USUAL RESIDENCE (Where deceased lived) if institution. Residence before: 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 131 COUNTY Conowingo Maryland R.R.L Cecil 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Last Middle Charles RATSOR requires that the death certificate be Samuel. Johanna Auguste LORENZ 16a. WAS OECEASED EVER IN U.S ARMEO FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Yes no, or upknown) Rosewood Records, Owings Mills, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (b) (b), and (c) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) OU 1 week DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140) hos been Health prior to ONIC OVALOR 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? Ob. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this hospital) afterded the deceased from Jan. 16., 19.63, to Feb. 1., 19.69, that (I) (we) lost saw the deceased drive on Feb. 1., 19.69, that (I) (we) lost saw the drive of the deceased drive on Feb. 1., 19.69, that (I) (we) lost saw the drive of the , and that in (my) (our) opinion death occurred on the date and hour and from the TO FUNERAL DIRECTOR: couses, stated above, (1)-(we) (old) (did not) view the body after death. 226 SIGNATUR DEGREE **OIRECTOR** 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Richard, Jones 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) CONOWING

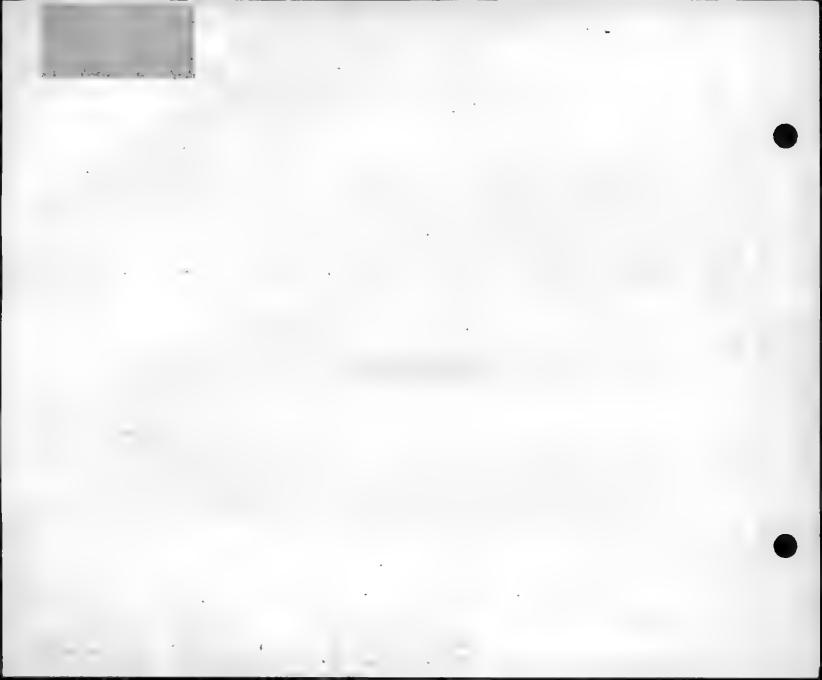


REED BY REGISTRAR

25b REG STRAR S SIGNATURE

24 FUNERAL DIRECTOR





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02839 82103 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Last , 2b. HOUR 8 Doy requires that the death certificate be executed within 24 haurs after death after death (Type or print) AUGUST W. 4.30PM 6. AGE (In years lost birthday) 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YEAR IF HINDER 24 HRS. 6/1/1885 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) BAITO physician and campletely filled in U.S. A DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
434 VNGL during most of working life, even if retired.) INDUSTRY CATONSVILLE CONTRAC 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before event, 13c CITY OR TOWN 13e STREET AND NUMBER 136 COUNTY BA / To. odmission) STATE CATONSVIlle and in any 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle HENRY Reich 16b SOCIAL SECURITY NO 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) 218-32-07781 crematian, ar remaval, signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (g) antonioscharotec DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O FUNERAL DIRECTOR: After this certificate has been Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (1) (this-hospital) attended the deceased fram Fay 11 saw the deceased alive an 1-21-69, and that causes stated above, (1) (we) (did) (did-not) view the body after death. ond that in (my) (out) opinion death occurred on the date and hour and from the be retained 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 2-10-69 DEGREE director, page shaud be filed PHYS. 22e ADDRESS 22d. PHYSICIÁN S 1009 Frederick Road NAME (Type) Nesbitt, Jr., M.D. John A. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT DN (City or Town) (State). 230. BURIAL, CREMAT ON, (Caunty) Md Woodlawn Cery. 24 FUNERAL DIRECTOR 2Sa REC D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE VR A15 (4)



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2So REC D BY REGISTRAR

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1969

REGISTRAR'S SIGNATURE

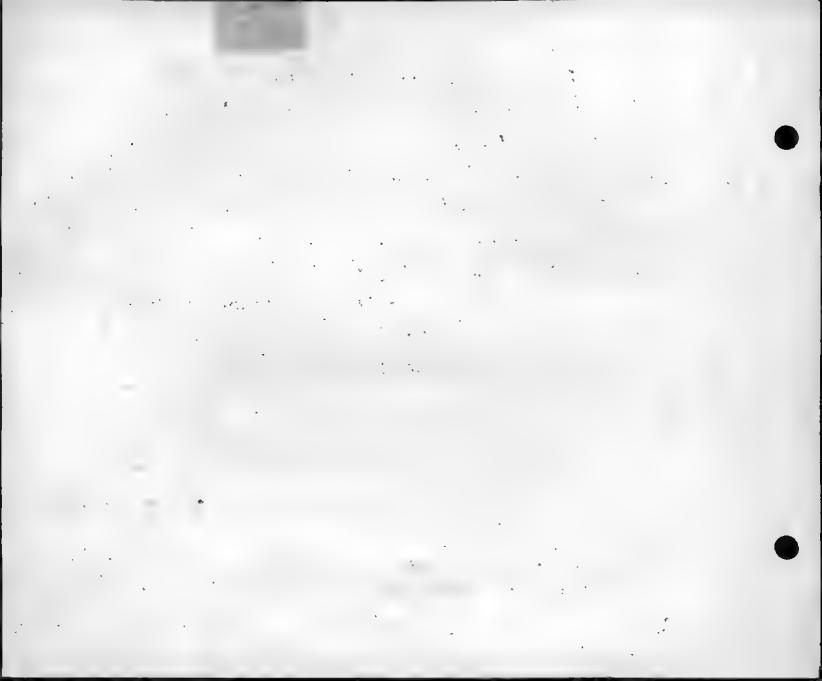
24 FUNERAL DIRECTOR FUNERAL DIRECTOR

VR A15 (4)

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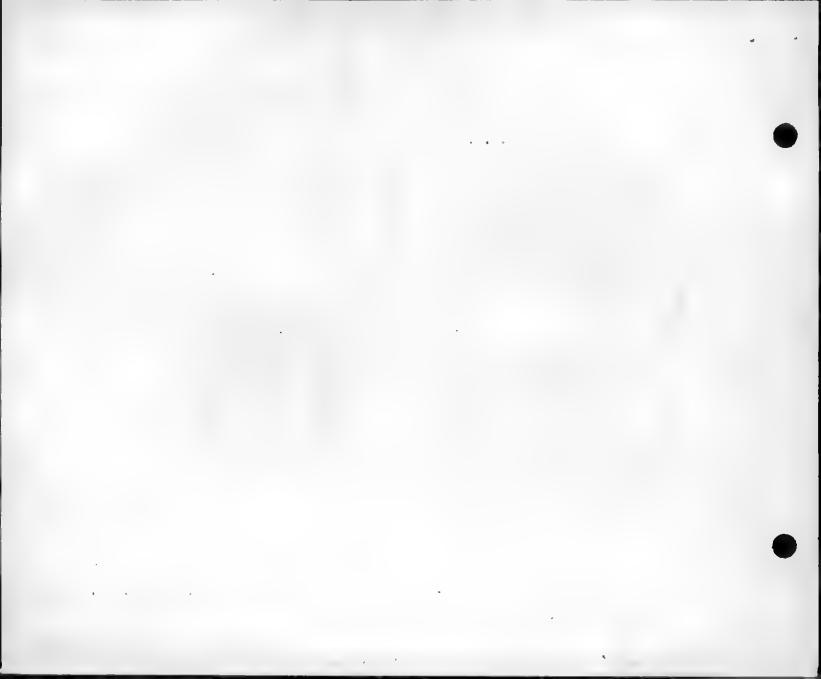


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02101

1. DECEASED-NAME ond 2 deoth. First Middle Last 2a. DATE OF DEATH 26 HOUR A The law requires that the death certificate be executed within 24 hours after death (Type or print) ompletely filled in by the funeral Month MARIA RITTER 5:30M February 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years F.INDER YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS SAROH January 20,1887 White Female YRS To BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) U.S.A. within 72 Germany WIDOWED X DIVORCED [Baltimore IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 26 KIND OF BUSINESS OR give street address) St. Joseph during most of working life, even fretired)
Homemaker IND.,STRY Hospital Towson ond in ony event, 33a USUAL RESIDENCE (Where deceased lived, f institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY L M TS? 13e STREET AND NUMBER admission) STATE 73b. COUNTY YES X 4214 Powell Ave. 21206 Baltimore 14. FATHER'S NAME ottending physician and operant. Then please rem First Middle Last IS. MOTHER'S MA DEN NAME First Middle Lost 160 WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) or removal, 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BYpermit. Generalized purulent peritonitis IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF intestinal infarction with multiple perforations Conditions, Fany, which gave) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been size os the lath prior to E 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO | this certificate be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING [T] CAUSE OF CEATH HOUR A.M. Month Day Year detached for the Dept. of H (If either, notify medical exominer) 21d INJURY OCCURRED (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from February 20, 19 69, to Feb. 21, 19 69, that (I) (we) last saw the deceased alive an February 21, 19 69 and that in (my) (aur) apinian death accurred an the date and hour and from the TO FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR director, page 3 shauld be filed v 2-21-69 DEGREE PHYS PHYS. 22d PHYSICIAN S 22e ADDRESS NAME (Type) Cilliani. Ines 7620 York Road, Towson, Md. 21204 230 BUR AL, CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-24-Caltione Coula 25b REGIURAR'S SIGNATURE 25g RECO BY REG STRAR DATE FEB 2 5 24 FUNERAL DIRECTOR ADDRESS



denth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept of Health priar to bunal, cremation, ar removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED NAME (ype or print)	first H ele r	1	Middle S		lost Robel		2o DA	TE OF DEATH Month February	Doy 23	<u> </u>	26. HOUR 8.20Pt
3 SE		nale	4 RACE	White		S DATE OF B	IRTH L4-98		6 AGE (In years lost birthday)		IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
cour	ntry) Mai	ryland	ь citizen of wh U.	AT COUNTRY?	8 MARRI WIDOW	ED NEVER MAI	RRIED X	9 COUNT	Y OF DEATH Baltimore			Md
		vson	give s	ME OF HOSPITAL OR INS reet oddress) St. Josep	h Ho	spital		nost of wo	AT ON (Kind of work di rking life, even if retire	eđ)	12b KIND OF I	BUSINESS OR
odm	ssion) STATE Maj	cyland	lived, finstituti 136 COUNTY Bal	on. Residence before timore		rkville		0 🚾	3e STREET AND NUMBER 8714 Mara		s Lane-	-21234
	FATHER S NAME	William		Robel		15 MOTHERS M		rgare	et ?	e		Losi
		D EVER IN _ 5 ARMEI		None		7 INFORMANT George B	Witt		Same	35		ia ⁷ E INTERVAL
CERTIFICATION	Conditions, inserto imme storing the plast	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS COI									NSIDERED IN CE	RTIFYING
EDICAL CERTI	YES SO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 10 or Contributing 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 10 or Contributing 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 10 or Contributing 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 10 or Contributing 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 10 or Contributing 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port 2, It 21c HOW INJURY OCCURRED (Enter noture of injury in Port							rt 2, Ite	m 18)			
W	21d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County State While all work 22o certify that (4) (this hospital) attended the deceased from 2-3-, 1959, to 2-23-, 19 69, that (2) (we) lass saw the deceased alive an 2-23-, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (1) (we) (did) (did not) view the body ofter death.											
	22b SIGNATU. 22d PHYSICI/ NAME (T	whish of	-	iciano, M		ATTENDIF	RESS	MED DIRECTOR		ebr	uary 24	
	BUR AL CREM REMOVALISPA Buria	ATION, 23b DA		23c NAME OF C	EMETERY (23d LC B	CATION (Cry or Town).	ary:	(lounty) Land	(Stote)
24	funeral direct	od J Ruck	Inc B	ADDRESS	Mary.	Land	250 RECD I		969 PEGISTA	AR S. SI	GNATURE	4,



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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The second secon			ECEASED-NAME First (Ype or print) HOW	ARD	Middle EARL	ROC	Lost KETTE, SR.	2a. DATE OF	DEATH JAR Worth 19	oy 19 8 9	26 HOUR A
th the safter s after		3. SI	MALE	4 RACE WHI	ne	S.	DATE OF BIRTH)	6. AGE (In years los) bothdoy)	MONTHS DAYS	IE LNDER 24 HRS HOURS MIN
n 24 haurs a illed in by th papers. Pag in 72 haurs		เตมเ	MARYLAND	76 CITIZEN OF WHAT U.S.A.		MIDOMED 🗌	DIVORCED		MORE:		Md
completely filled is ove corban paper y event, within 72	£ * \		TOWSON	give stre		HOSPITA	L during mo	st of working			8USHNESS OR
executed value of complete control only event,	6:	odm	USJAL RESIDENCE (Where decease iss on) STATE MAKYLAND	BALTIMO	RE	13¢ CITY OR TO	YES NO	321	REET AND NUMBER 1 HISS A	/ENUE #2	21234
physicion ond complexed physicion ond complexed please remain only	/		THOMAS	ROCKET			OTHER'S MAIDEN NAME FI	7	STNER.		Last
rrificati physicia en plea				ar or dates of service]	b social security no	I INFO	a Elith 6.1	Rocket	ta -3211	Hiss Co) MATE INTÉRVAL
eqmres that the acath certificate be executed within 24 hours aft physicion. signed by the attending physicion and completely filled in by the burial-transit permit. They plose remove corban papers. Page burial, cremation, or removol, and in any event, within 72 hours of			18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	BY: TE CAUSE (a) DUE TO, TREAD (b) DUE TO, OR AS (c)	Congestive	myoca	rditis.	ondition given	N IN PART I(o)	SEIWIFN O	NSET AND DEATH
The low rand of the standing e has been use as the standing of	1	CERTIFICATION			OPERATION WAS PERF	ORMED	20a AUTOPSY? YES X NO		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
HYSICIAN hospital of is certificate oched for ept. of Hec		MEDICAL	21a. ACCIDENT WAS UNDERLYINI OR CONTR-BUTING CAUSE OF DEATH (If either, notify medicol exomin 21d IN.JRY OCCURRED While Nat while of work	HOUR A.M. P.M	JURY Manth Day Year 19 HOME, FARM, STREET FACTOI EICE BUILDING, ETC		INJURY OCCURRED (Enter		y in Part 1 or Part 2 or Town	County	State
TTENDING Poly the TOR: After the hould be det the the the hould be det the the the the the the the the the State D			22a. I certify that (f) (the saw the deceased al causes stated above	s haspital) otteno ive an Febr (I) (we) (did) (di	led the deceased uary 19, 19 d not) view the bo	fram <u>Feb</u> 69, and tl dy after dea	ruary 8 , 19 8 not in (my) (our) opin th.	59 , ta <u>lleb</u> non death a	occurred on the c	lote and hour o	A) (we) lost and from the
OR A De rel NREC e 3 s ed wi				ellin;	M.D	DEGREE		D RECTOR	CTAFF	bruary 1	9, 1969
Page 4 may TO FUNERAL D director, pag should be file	1			Cilliani,			7620 York		Towson,	2120	4
TO HOSP Page 4 1 TO FUNER director should	٥	23a	BURIAL, CREMATION, 236 D PEMOVAL (Specify) 2 -	22-69	GARDER		-AITH CEM.	23d LOCATIO	DALTO.)(County)	(State)

23a BURIAL, CREMATION, BEMOVAL (Specify)

FUNERAL DIRECTOR

2-22-6

NAME OF CEMETERY OF CREMATORY
RANDEDS OF FAITH CEM. GARDENS

OTAL

(State) (County) 25b REG.STRAR S SIGNATUR

250 REC D 8Y REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

25b REGISTRAR'S SIGNATURE

Municipale

25g. REC'D BY REGISTRAR

1989

02105 02109 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR (Type or print) Year QAC Rohde Edna May S. DATE OF BIRTH IF LINDER 1 YEAR 3. SFX A RACE 6. AGE (in years last birthday) MONTHS June 19. 1887 Female White 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7c BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Ohio U.S.A. WIDOWED X DIVORCED [Raltimore County 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working ite even if retired)
Dulaney-Towson Nursing Housewife INDUSTRY Towson 13c CITY OR TOWN 3d. INS DE CITY LUMITS? 13g USUAL RESIDENCE (Where deceased lived if institution, Residence before 13e STREET AND NUMBER admission) _STATE YES NOT Aldvth Peisterstown Avenue Maryland 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Wells Gridley Harmon Laura 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Longnecker Rd. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no_or unknown) 213-01-6381 Mrs. Elizabeth Wheeler Glyndon, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Congestion- Bronchial Pneumonia 2 wks. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (h) Arteriosclerotic C-V Disease 10 yrs. rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 本 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of minury in Part 1 or Part 2, Item 18) THOR CONTRIBUTING TO CAUSE OF DEATH HOUR AM (If either, notify medical examiner) 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while 22a. I **certify** that (1) (this his spiral) attended the deceased from 10-18-68, 19, to 2-16-68, 19 saw the deceased olive an 2-15-69, and that in (my) (1997) opinion death occurred on the data and that in (my) (50%) opinian death accurred on the date and hour and from the causes stoted above, (1) (stat) (stid) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR ATTENDING 2-17-69 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S Caples, M. D. Hanover Rd., Reisterstown, Md. 21136 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL, CREMATION, 23b. DATE (County) Md. Feb. 19.1969 Druid Fidge Cem. Pikesville Balto.

Owings Mills. Md.

O FUNERAL DIRECTOR: After this certificate hos been VR A15 (A) 30M REV

director, page 3 should should be filed with the

requires that the death certificate be executed within 24 hours ofter death.

completely filled in by the funeral ove corbon papers. Pages 1 and 2 y event, within 72 haurs after death.

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burial-transit permit. Then pl burial, cremation, ar removal, the ottending phys

be detached far use as the State Dept. of Heolth prior to

signed by 1 burial-trans

by the hospital or attending physician

Page 4 may be retained

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02110 02106 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b HOUR funeral 1 ond 2 er deoth. 24 hours after death (Type ar pont) 6 AGE (in year lost inthogy) 3 SEX IF UNDER 24 HRS Jucasian HOURS 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) WIDOWED DIVORCED' 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital requires that the death certificate be executed within give/sireet address) during most of wark nguife even if retired) a m гетоме согь event, 130 USUAL RESIDENCE (Where deceased lived, if apparentiate Residence before CITY OR TOWN 136 INSIDE CITY LIMITS? odmission) STATE 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Last pleose and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or prengwn) (If yes now war or dates at sen 16b. SOCIAL SECURITY NO removol, 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 5 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit nse to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ور OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 220. I certify that (I) (this haspital), attended the deceased from. 1/2//69 and that in (my) (our) opinion death occurred an the date and haur and from the saw the deceased alive on.... be retained should couses stoted above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, should BURIAL, CREMATION, LOCAT ON (City or Town (Stote) (County) 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTO VR A15 (4) 30M REV 1/68



02111 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Pages 1 and 2 ours effer death. DECEASED NAME First Middle Last 20 DATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death (Type or print) Mary F. Russell February 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years last bothday) Female White 4-4-1898 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED A NEVER MARRIED (duntry) Indiana ond completely filled in remove carbon papers USA Baltimore WIDOWED [DIVORCED | with.n TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address)
St. Joseph Hospital during most of working life, even it retired)
HOUSOWITE Towson 13a JSUAL RESIDENCE (Where deceased lived, funstitution Residence before 3c CITY OR TOWN 13d. INSIDE CITY LIM ES? 3e STREET AND NUMBER admission) STATE 13b COUNTY 7906 Elmhurst Ave. #21234 Baltimore NOK and in ony 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle John Della Lambert removal, and in 16b SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no orunknown) (If yes give war or dates of service) 220-05-2909B Mr. Raymond W. Russell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Generalized peritonitis. signed by the offend permit. burial, cremation, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been si detached for use os the bi te Dept. of Heolth prior to bi 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO 🔲 be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 3 should be detache with the State Dept. 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town While Not while at wark 22a. I certify that (4) (this haspital) attended the deceased from February 8, 1969, to obruary 1819 69, that (4) (we) last saw the deceased dive an February 18, 1969, and that in (av) (aur) apinion death accurred an the date and have and from the causes safed above, (1) (we) (aid) (did not) view the body after death. O FUNERAL DIRECTOR: After 22b. SIGNATUR February 18,1969 ATTENDING MED DIRECTOR director, page 3 should be filed w DEGREE PHYS 22d PHYSIC AN S 22e_ADDRESS NAME (Type) Reynaldo Orjuela-Gomez, M.D. 7620 York Road, Towson, Md. 21204 23a BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCAT ON (City or Town)

REMOVAL (Specify)

FUNERAL DIRECTOR

2/21/69.

Leonard J. Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore, Md. Moreland Memorial Mausoleum 25b REGISTRAR S S GNATURE 25a REC D BY REG STRAR

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IF UNDER 24 HRS



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executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please-remaye corbon papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, with n 72 haurs of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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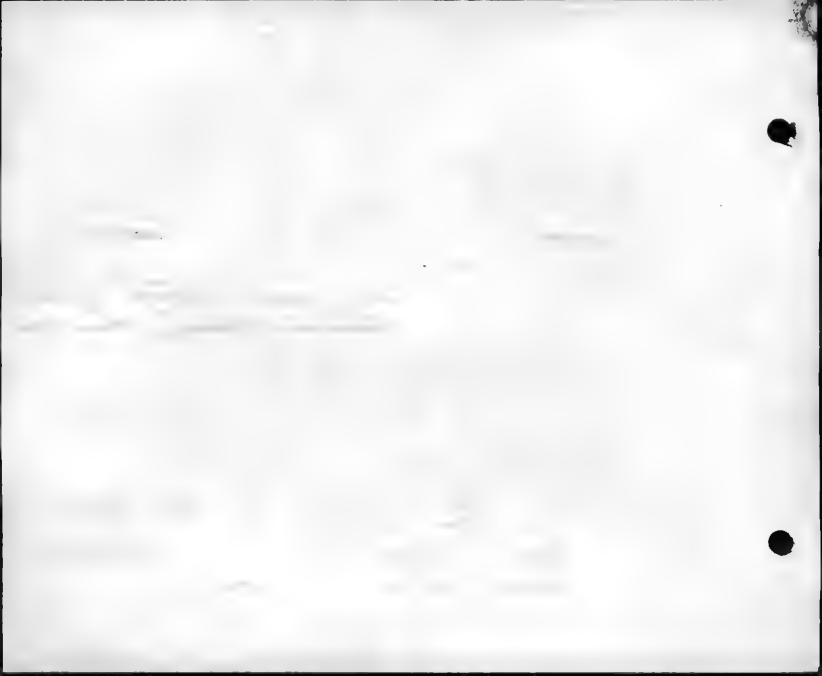
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		lale					S. DATE OF BIRTH 10-1-1903 6. AGE (In years lost birthday) 7 YRS						(F UNDER HOLRS	24 HRS MIN
	P	BIRTHPLACE (State or foreign intry) ennsylvania CITY OR TOWN OF DEATH	7b CITIZEN OF WHAT U.S.A.		WIĐOWI	<u>-</u>	RCED 🗌	9 COUNTY O Baltir	of DEATH					Md
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wyk.		FATHER'S NAME First Joseph J. R		Lost		15 MOTHER'S MAIDEN NAME First Middle Bernice Wolkiewez							Last	
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cate of heal	IL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year		URY OCCURRED (Enter	nature of injury in Port 1 or P	art 2, Item 1B)	
a se	METCAL	(If either, natify medical examine	r) P.M.	9				
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely fill should be detached far use as the burial-transit permit. Then please remave carbon points the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within	W	21d. NJURY OCCURRED 2.e. P While Nat while at wark	LACE OF INJURY (AT HOME, FARM STREET F. OFFICE BUILDING, ETC	CTORY) 21f LOCATION	N Street or R.F.D No.	City ar Tawn	Caunty	State
IDING d by the After After d be d		22a. I certify that (I) (this	haspital) attended the decease ve an	ed from 2-	8 , 196	7. to 2-9	, 19 69 , that (I)	(we) la:
FE S E S E S E S E S E S E S E S E S E S		saw the deceased all	ve on 2-9	19 67 and that	t in (my) (aur) apii	nian death accurred an t	he date and hour ond	from th
A Parie in Section 19		22b. SIGNATURE	(1) (we) (did) (did har) view site	budy after death.			22c DATE SIGNED	-
OR 3		yn	put 4 Ja	DEGREE P	ATTENDING M	ED STAFF PHYS.	2-9-69	1
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TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shau d be filed with the S	23 a.	BURIAL CREMATION, 23b. D/ REMOVAL (Specify)	TE 23c NAME OF	CEMETERY OF CREMA	TORY	23d LOCATION (City or Town		State)
	24	FUNERAL DIRECTOR	12-1969 New a	2 Athedras	2So. REC'D B'	Y REG STRAR 25b REGIS	Maryland TRARS SIGNATURE	4
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82114 02110 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20 DATE OF DEATH First 2b HOUR law requires that the death-certificate be executed mithin 21 haurs after duath. ing-physitian and campletely filled in by the Tuneral Then please remave carban papers. Pages 1, and 2 removal, and in any event, within 72 haurs after death. (Type or print) Manth 30 ANDLER 0 3. SEX 6. AGE (In years S. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS MLY 20, 1907 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 125 KIND OF BUSINESS OR give street address during most of working ife! even if retired.) 471008 13e STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES 4710 Old 14. FATHER'S NAME Middle last IS MOTHER'S MAIDEN NAME First Fann 160. WAS DECRASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANI Address Yes no, or Jakhown) Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARCIUDHA signed by the attend IMMEDIATE CAUSE (o 6 ASTASES Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p prior ta the has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? use as **CAUSES OF DEATH?** YES 🗀 NOTIZ for use Health O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAJSE OF DEATH HOUR A.M. Month Day Year af (If either, notify medical examiner) P.M. detached 2 d INBURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 22a 1 certify that (1) (this haspital) attended the deceased from 1-10-, 1967, to 2-27-, 1967, that (1) (we) last saw the deceased alive an 2-7-1967, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE director, page shauld be filed PHYS PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 862 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) (County) REMOVAL (Specty) 25b. REGISTRAR'S SIGNATURE

25a. RECTO BY REGISTRAR

FUNERAL DIRECTOR

30M REV



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the hospital ar attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbo shauld be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, we should be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, we should be filed with the State Dept of Health prior to burial, crematian, are remaval.

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MARYLAND STATE DEPARTMENT OF HEALTH

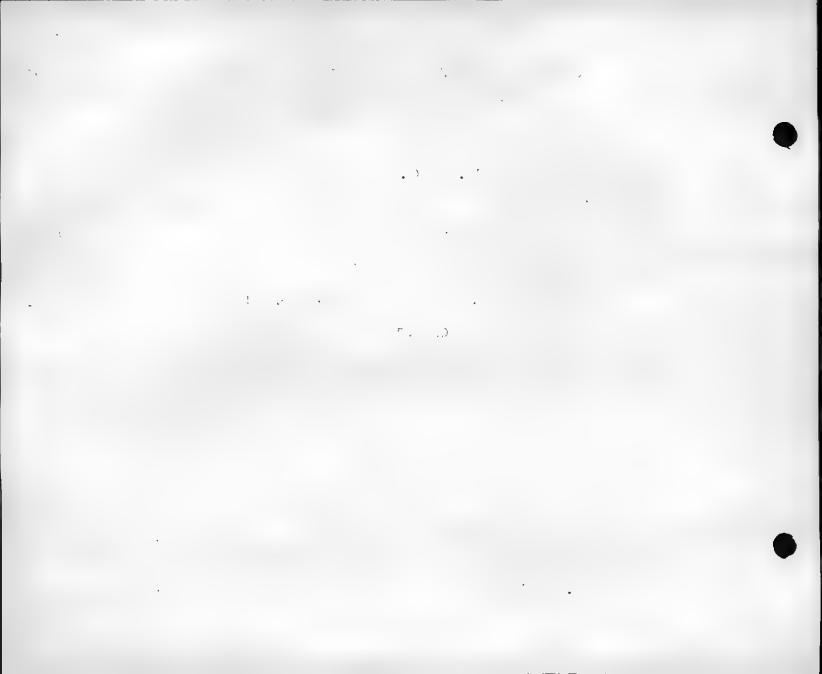
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02111

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	3. SEX Female 4 RACE White					S. DATE OF BIRTH April 7,1892 6. AGE (In years Funder 14 Hrs. lost bitthday) 76 YRS. Funder 14 Hrs. Month's Day's Hours M.N.								
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N		funeral director Leonard J.	Ruck, I	nc. Balto.	ADDRESS Md.	21214		AFEED 1	1 196	S SP REGISTRAR	S SIGNATURE	9-		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 62116 CERTIFICATE OF DEATH 02112 26. HOUR A DECEASED-NAME First Middle Lost 20 DATE OF DEATH within 24 haurs after death (Type or print) OMenth JOHN SCHEUFEL MMN 4:30m 4 RACE 3. SEX S DATE OF BIRTH 6. AGE (In years IF JNDER 1 YEAR F JADER 24 HRS lest-jurthday) 12-26-91 MALE CAUC 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY DIVORCED [WIDOWED F 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY TOWSON. MD GRTR. BALTO MED CENTER 130 USUAL RES DENCE (Where deceased yed, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LAW/LESS 13e STREET AND NUMBER odmission) STATE N36 COUNTY YES [NO. 4617 Walther Cur requires that the death certificate be execut 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First signed by the attending physician and burial-transit permit. Then please rem Middle Lost Marke and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown? 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARDIO-RESPIRATORY FAILURE IMMEDIATE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove) CA OF LUNG 7 MONTHS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storms the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d PAJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 2-25 , 19 69, to 2-26 , 19 69 , that (1) (we) last saw the deceased alive an 2-26 and the date and haur and from the O FUNERAL DIRECTOR: After causes stated above, (I) (we) (did) (did nat) view the body after death. 22b SIGNATURE 222 DATE SIGNED 69 directar, page 3 shauld be filed DEGREE DIRECTOR 22d. PHYS CIAN'S 22e ADDRESS NAME (Type) E. CANILANG 6701 NOTH CHARLES 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 1.1-1969 Marchand Mory.

ADDRESS Heidis oft (County) (Stote) REMOVAL (Specify) ma 250 REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02113 CERTIFICATE OF DEATH 2a. DATE OF DEATH Last 2b. HOUR First DECEASED NAME executed within 24 hours after death. completely filled in by-the-funeral tave carban papers. Pages, 1 and 2 y event, within 72 hours after death. (Type or print) Carl M Schneider IF SINDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE last birthday) Nov.18,1895 Male Khi te 9. COUNTY OF DEATH 7ь. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED T NEVER MARRIED (country) Maryland WIDOWED T U.S.A. DIVORCED [Baltimore 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH give street oddress)
Dulaney Valley Nursing Home Retired Salesman INDUSTRY Towson 13e STREET AND NUMBER 13c USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. City OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY arvland Baltimore 22 Murdock Ro IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Joseph Schneider Max Anna Armold hysician n please Address 16b SOCIAL SECURITY NO 17. INFORMANT PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (II was give war or dates of service) Yes no, or unknown) 212-05-3824 Mr Carl M Schneider directar, page 3 shauld be detached far use as the buital-transit permit. Then poshauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Cerebral Vascular Accident 2 Days DUF TO, OR AS A CONSEQUENCE OF Conditions, if any which gave) Cerebral & General Arterio Scherosis rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF staling the underlying cause **70 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. 5 Yrs Diabetes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [7] NO 🗔 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town 21d. INJURY OCCURRED While Nat while at work 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. □ Feb 12.1969 DEGREE PHYS 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) Walter Kees Cockevsville. Maryland 23d LOCATION (City or Town) (State) 23c NAME OF CEMETERY OR CREMATORY (County) 23b DATE 230 BUR AL, CREMATION, 2/15/69 Baltimore, Maryland BEHOVE (Specify) Parkwood 250 REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR Leonard J Ruck Inc Baltimore, Maryland 30M REV

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	saw the	deceased al	ive on	(did not) view the	9 <u>≈/</u> , 0 hady ofte	ond that in (n er death	1y) (out) opin	non de	eath occurred on the	dote o	nd haur	ond from the
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	22d. PHYSICIAN'S	(, ()				22e. AD			~			
	NAME (Type)	H ER3	ERT GI	IN DERSHE	MER	9	017	+/2	e Pruc			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fugasal director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death VR A15 (4) < 30M REV 1/68

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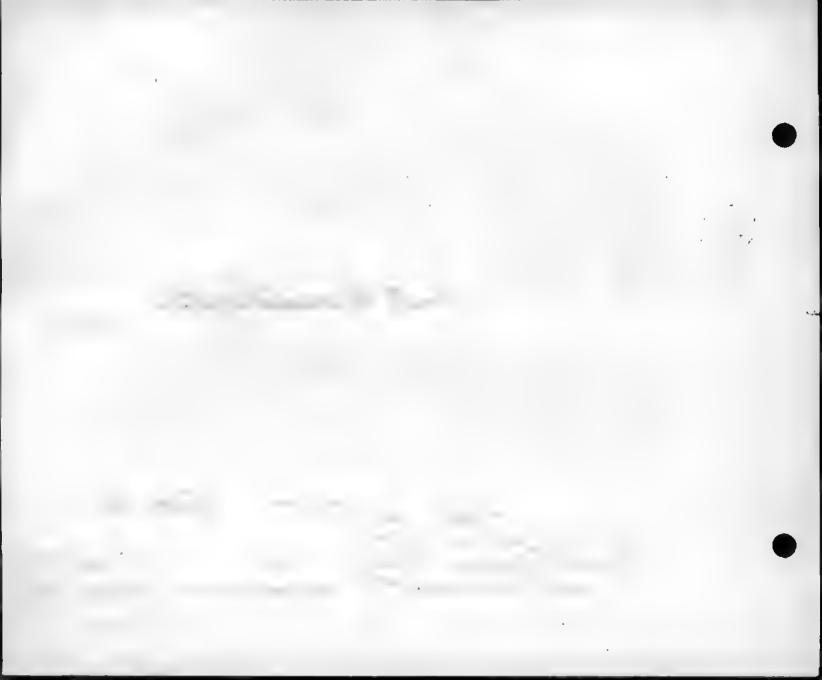
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

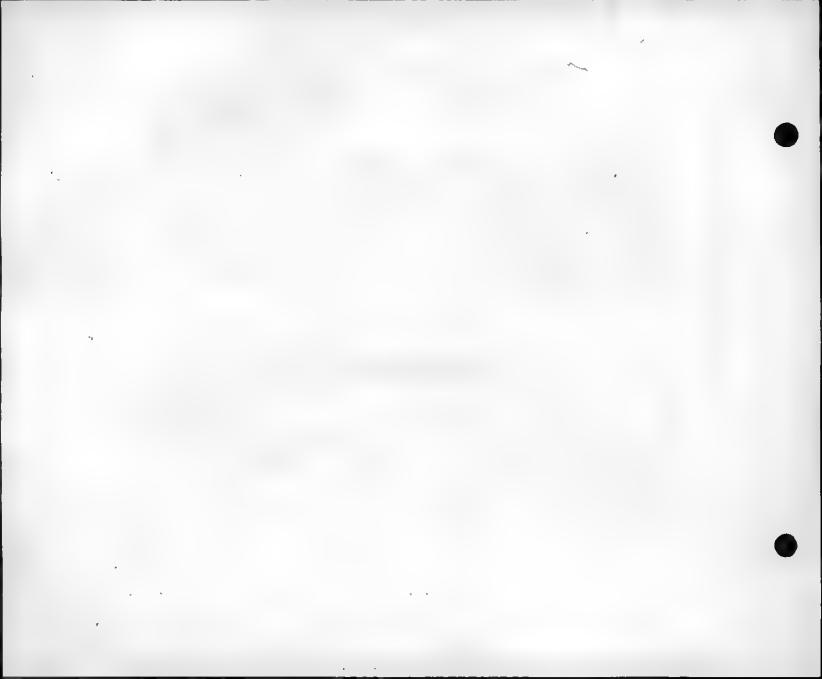
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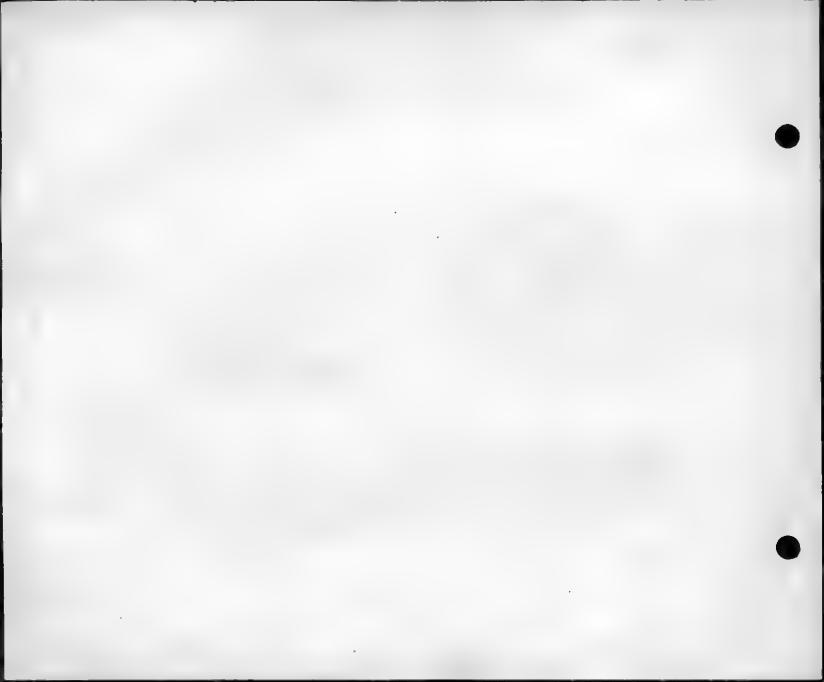
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82120 02115 CERTIFICATE OF DEATH DECEASED NAME Middle death. Farst Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 26 HOUR funeral (Type or print) FEBRUARY 14 CLIFFORD GUSTAVE SCHWOCH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR and campletely filled in by the fremave carban papers. Pages last birthdoy) CAUCASIAN MALE AUGUST 14, 1906 70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED MINNESOTA USA WIDOWED [DIVORCED [BALTIMORE within 7 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital HOSPITTAL 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done during most of work no life, even if retired) FORT HOWARD VETERANS ADMINISTRATION PETROLEUM event, 13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CIY OR TOWN 13d. INS.DE CITY & MITS? 13e STREET AND NUMBER 13b. COUNTY BALTIMORE BALTIMORE 12 DOVETAIL LANE 14. FATHER S NAME First Middle Last S MOTHER'S MAIDEN NAME First ⊾ast GUSTAVE SCHWOCH GERTRUDE ABBOTT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes arunknown) 263 18 3842 CLINICAL RECORDS, VA HOSPITAL, FT HOWARD, MD 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHO PNEUMONIA Days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave a (b) CEREBRAL ARTERIOSCLEROTIC CARDIOVASCULAR ACCIDENT Months rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (d) HYPERTROPHY OF HEART PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 NO -21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. ģ (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County State While Mot while at work 22a. I certify that (K (this hospital) attended the deceased from 10/25/68, 19, to 2/14/69, 19, that (X) (we) lost sow the deceased alive on 2/14/69, 19, and that in (BX (our) apinion death occurred on the date and have and from the couses stoted above, (X (we) (did) (MXXX) view the bady after death be retained by TO FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR directar, page 3 shauld be filed v 22d. PHYSICIAN S 22e ADDRESS NAME (Type) PUSHPENDRA SENAN, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 236 DAYE 2/18/6 9 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Burial (Specify) Baltimore National Baltimore, Maryland 24. FUNERAL DIRECTOR CONNELLY FUNERAL HOME 300 Mace Avenue Baltimore, 21, Md. 25pr, REGISTRAR S'SIGNATURE





10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CERTIFICATE OF DEATH											02110		
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FUNERAL DIRECTOR: After this ce director, page 3 shauld be detache shauld be filed with the State Dept.		230/	BORIAL, CREMATION	23b DA	17 12 3	23c NAME OF	CEMETRY OR CR	EMATORY -	23d. L	OCATION (City, or Tow	m) [/	(County)	(Stote)		
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MARYLAND STATE DEPARTMENT OF HEALTH	WB 4444
02123 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH	03630
1 DECEASED NAME (Type or print) LAUZA RECEASED NAME (Type or print) LAUZA RECEASED NAME (Type or print) LAUZA SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	onth Day Mag 25 HOUR
= = 1-28-1885 B	E (in years FUNDER 1 YEAR IF UNDER 24 HRS Distribution HOURS MIN YRS HOURS MIN
70 BIRTHPLACE (State or foreign Country) 75 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	
Country 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito during most of working life, even of the property of	of work done 12h KIND OF BUSINESS OR INDUSTRY
g-wastrest-oaddess) C COLE during most of working life, ev 130. LSUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CIV OR TOWN 13d INSIDE CITY I M 152 13e STREET AN OMISSION) STATE 1 13b COUNTY A 2 TO THE STATE NO. 13 MIDEN AME First Middle Lost 15 MOTHER'S MAIDEN AME First	
14 FATHER'S NAME First . Middle Lost Is MOTHER'S MAIDEN NAME SHEET	M ddle Lost
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war a dates of service) 219-54-3422 PRING GROVE) H	Address Address
18 CAUSE OF DEATH (Enter only one couse per time) for (o), (b), and (c))	APPROXIMATE INTERVA. BETWEEN DASET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b). PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.	
Conditions, if ony, which gove itse to immediate couse (a). Due TO, OR AS A CONSEQUENCE OF CONSTRUCTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 OTHER SIGNIFICANT COND THORS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.	
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210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Po OCCURRED (Enter noture of injury in Po PM 19 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EARM, STREET, EACTORY) 21f LOCATION Street or R.F.D. No. (ifly or Town	ort 1 or Port 2 Item 18)
220 I certify that (b) (this haspital) ottended the deceased from Jan. 27, 19 69, to Feb.	ed on the date and have and from the
Saw the deceased drive an Proc. 1997, and that in (my) (806) apinion death accurred to the process stated above, (I) (wax) (did) (dataset) view the body after death 22b SIGNATURE 22d PHYSICIAN S NAME (Type) 23d PHYSICIAN S NAME (Type) 23d PARIA, (REMATION) 23b PARIE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City) C & CHAPTERY 23d LOCATION (City)	22c DATE SIGNED / GC 3
DEGREE PHYS DIRECTOR PHYS PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS 220 ADDRESS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS 220 ADDRESS DIRECTOR PHYS	OLE STATE HOST
22d PHYSICIAN'S NAME (Type) CAPPET TO HE DISCONDING GOVERNMENT OF CEMETERY OF CHMATORY 230 PURIL CREMATION 23b PATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City Company) 23d LOCATION (City	or Town) (County) (Stote)
VR A1850 JOHN SUMS SONS COUSEN Not DATEMAR 17 1969	b REGISTRAR'S SIGNATURE **TCLERAL BY QUELLE .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02124 CERTIFICATE OF DEATH 021 Middle 20 DATE OF DEATH DECEASED-NAME First 2b HOUR requires that the death certificate be: executed within 24 hours after death (Type or print) ORA DEMPSEY 1969 FEBRUARY IF LINDER TYEAR SEX A PACE S. DATE OF BIRTH 6 AGE (In years lost birthday) MONTHS HURIES Male 1/28/20 White 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country the attending physicion one, completely filled in Isst permit. Then please remove corbon papers. DIVORCED XX WIDOWED [7] Baltimore. West Virginia
ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 1, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Veterans Administration Hospital For Howard Laborer Saw Mill 130, USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER VIRGINIA odmission) STATE Marvland 12 COUNTY Howard Ellicott CityIS X NO Woodland Road 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First M.ddle Lost Middle Ritchie Shipe Pearl Benjamin C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, por unknown) signed by the attending physic buriol-tronsit permit. Then pl burial, cremotion, or removal, 236 12 81 68 Clinical Rods VA Hospital, Fort Howard, Md. BROADWAY 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY.

HE PATTC CO BETWEEN ONSET AND DEATH HEPATIC COMA 2 Weeks IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF LIVER CIRRHOS IS Conditions, if any, which gave) Years nse la immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. HOLE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been FUNERAL 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [7] O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M RHODES 21d. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. County Stote City or Town While Not while at work 22a I certify that (14 (this haspital) attended the deceased from Jan. 15 , 1969, ta Feb. 28, 1969, that A (we) last saw the deceased alive an Feb. 28 19 69, and that in (Ay) (aur) apinian death accurred an the date and haur and from the causes stated abave. (i) (we) (did) (did eet) view the bady after death. TO: 22c DATE SIGNED 2/28/69 22b. SIGNATURE wan **ATTENDING** MED DIRECTOR STAFF PHYS. DEGREE IPPED 22e. ADDRESS 22d. PHYSICIAN'S PETER' JUVAN. M.D. NAME (Type) VA Hospital, Fort Howard, Maryland 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BULL Specify) Recoway, 3-5-69 270 MODRY REGISTRAN 96 9256 REGISTRANS' SIGNATU

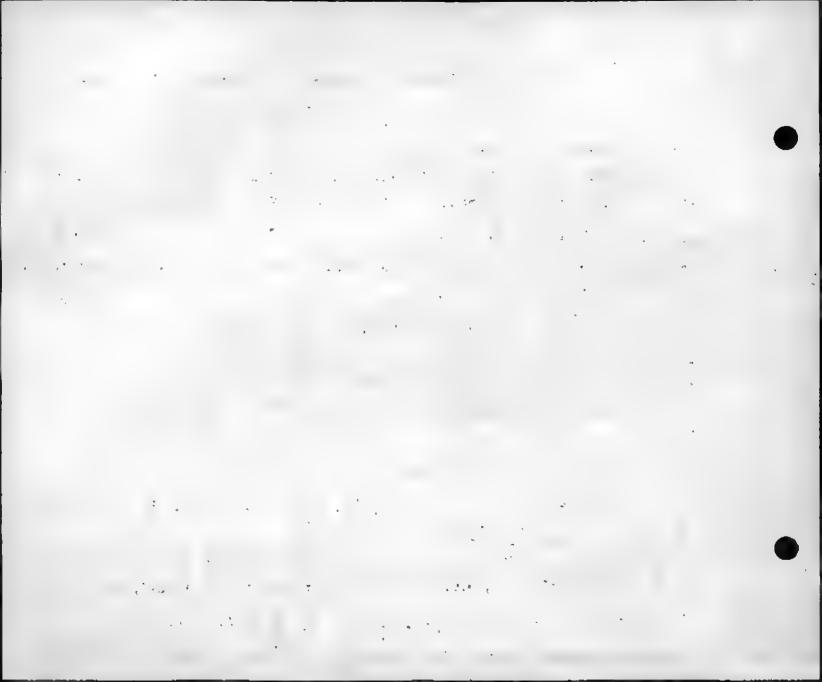
Ellicott City

DATEMAK

VR A15 (4) 30M REV, 1/68

24. FUNERAL DIRECTOR

HIGINBOTHOM-SLACK FUNERAL HOME



DECEASED-NAME		First			Middle			.ost		20. [DATE OF					2b.	HOUR
(Type or print)	RA	LPH		1	C.	S.	GLE	R		F	eb.	22 nnth	969°Y	Y	eor eor	3:	45A
SEX		4	. RACE				S. DA	TE OF BIR	TH			6 AGE (m v	ears	F JNOER			R 24 HRS.
mal	Θ		cauc	asian			Ju	ly 1	3, 191	LO		last bighd	y) YRS.	MONTHS	OAY5	HOURS	MIN.
. BIRTHPLACE (St	ote or foreig			WHAT COU	ITRY?	B. MARRIEI	D NI	VER MARK	IED 🗌		NTY OF	DEATH TOP 0					
ontry)Balt			JSA			WIDOWE			ED 🔼								М
CITY OR TOWN TOWSO					ospital or ins Glen							(Kind of woi ufe, even if r LPEC			IND OF STRY OR	BUSINES R	S OR
o USUAL RESIDE Imissian) STATE	Md .	deceosed h	ved, if insti 3b COUNTY	itution Resi Balt	dence before	Tows		N 1	YES NE	Mizss		S1.8 G1		ei th	B1	.vd.	
. FATHER'S NAME			M ddle		Lost		1s MOT		DEN NAME F			٨	Aiddle			Last	
<u>.</u>	Roy	7 Cle	avlan	d Sig					e Phil	Llip	១ន						
oa. WAS DECEASE Yes, na, or unkn NO			ORCES? otes of service)	705	-03-11		infori Mrs		ry E.	Har	ris		ddress Gle	n Ke	eith	B1	vd.
18. CAUSE O	F DEATH (En	ter anly ar	e cause pe	r line far to	}, (b) and (c).)	1										MATE INTER	
	DEATH WAS	CAUSED BY	AUSE (o)	,	, , , , , , , , , , , , , , , , , , , ,		(a.	ncen	477 <u>~</u>	1	les					~	
160	1 /	INICOINTE C	, ,		SEQUENCE OF					-0		/					
Conditions, if	ony, which		(b)_														
rise to imme stating the s			1 3	R AS A CON	SEQUENCE OF								-				
lost.		}	(c)_														
PART 2 OTH	ER SIGNIFICAI	NT CONDITI	ONS <u>CONTR</u>	IBUTING TO	DEATH BUT NO	OT RELATED	TO THE	TERMINAL	DISEASE ORG	ONDITIO	ON GIVEN	I IN PART 1(c	1)				
190. DATE OF	OPERATION	19b. CON	OITION FOR	WHICH OPER	ATION WAS PER	RFORMED	2	Oa. AUTOF	SY?		20b IF	YES, WERE FI	NDINGS C	ONSIDERI	ED IN C	ERTIFYIN	IG
								YES 🗔	NO 🔲		CAUSES	OF DEATH?					
210. ACCIDEN				OF INJURY	D M	21c.	HOW IN	JURY OCCI	JRRED (Enter	r noture	of injui	y in Part 1 o	r Part 2,	ltem 18.)			
G OR CONTRIBU			HOUR A.		Doy Yeor												
21d. INJURY White Not work		21e. PLA	E OF INJUR	AT HOME OFFICE B	FARM, STREET, FAC LILOING, ETC.	TORY,) 21f.	LOCATIO	N Street	or R.F.D. No.		City	ar Town		Count	Y		State
22a. I ceri	tify that (l) (this h	ospital) c	attended	the decease	ed fram		6-1	<u> </u>	28,	ta	2-	22, 19	69	, that	(l) (v	(e) la
saw t	he deceas	ed alive	an	2-	1) view the l	9 <u>64</u> , a	nd the	it in (my	r) (bur) api	nian c	leath o	occurred ar	the da	te and	haur	and fr	am th
22b. SIGNATU						_				urn.		CTAFF		DATE SIG		_	
Re	eben	1	10/10	700	2-1m	DE C	GREE	ATTENDIN PHYS.		IRECTOR		STAFF PHYS.] 7	۲-2	.2 -6	09	
22d. PHYSICI NAME (T		. Reu	ben H	loffma	n			22e ADD9	846	W.	36t	h St,	Balt	o, M	ld.		
o BURIAL, CREN		23b. DATE		1	3c. NAME OF							IN (City or To		(Coun	ly)	(Stat	e)
REMOVAL (Sp. Duri.a	TITY)	2/2	5/69		Dulan	ey Va	TTe	У		Ba	alto	. Co,	Md.				

ADDRESS

Leonard J. Ruck, Inc. Balto, Md. - 14

2 4 1969

2Sb.

REGISTRAR'S SIGNATURE

02120

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and tampterely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs

24. FUNERAL DIRECTOR

campresely filled in by the funeral byce carbon papers. Pages 1 and 2

after-death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.





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Podes

in Item 18. Give,

in pencil i

pending

4 should be forwarded to the Chief Medical

writing the word This certificate should

b∎ mxecuted within

h≣urs ofter deoth

land 2 with death. ofter pages hours E G within permit. ₽ 0 removal. used ě 5 3 should cremation, Health

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last (Type or Print) ESTI-(none) Singer Oscar 6 AGE (In years IF JADER 1 YEAR IF LINDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH 8/28/1891 M W 7o. BIRTHPLACE (State or foreign MARRIED KINEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH country) New York U.S.A. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street oddress). during most of working ife even if retired.) Baltimore Joseph's Hosp retired 13a ESUAL RES DENCE (Where deceased lifed, if institution; Residence before 13c, CITY OR TOWN Bb. COUNTY odmission) STATE Baltimore 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME Adam Singer Josephine Kiebler 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 088-07-5846 Nellie Singer 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INSURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn factory, affice building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy Inspection -Accident deoth resulted from? Natural couses Suicide . Homicide HIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION 23b DATE REMOVAL (Specify) Burial Flushing Cemetery 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR

Leonard J Ruck Inc Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20 DATE KNOWNEZIL DEATH MATED VEDYUZ DATE PRONOUNCED DEAD 2d. HOUR Baltimore 12b. KIND OF BUSINESS OR 13e STREET AND NUMBER 2826 Glendale Ave. **ADDRESS** APPROXIMATE INTERVA GETWEEN ONSET AND DEATH 20 AUTOPSY? YES [County State Inquiry ond in my opinion Undetermined monner 22b, DATE SIGNED 23d LOCATION (City or Town) (County) (State) Flushing New York 25b REGISTRAR S SIGNATURE Orlinelas Cudalo

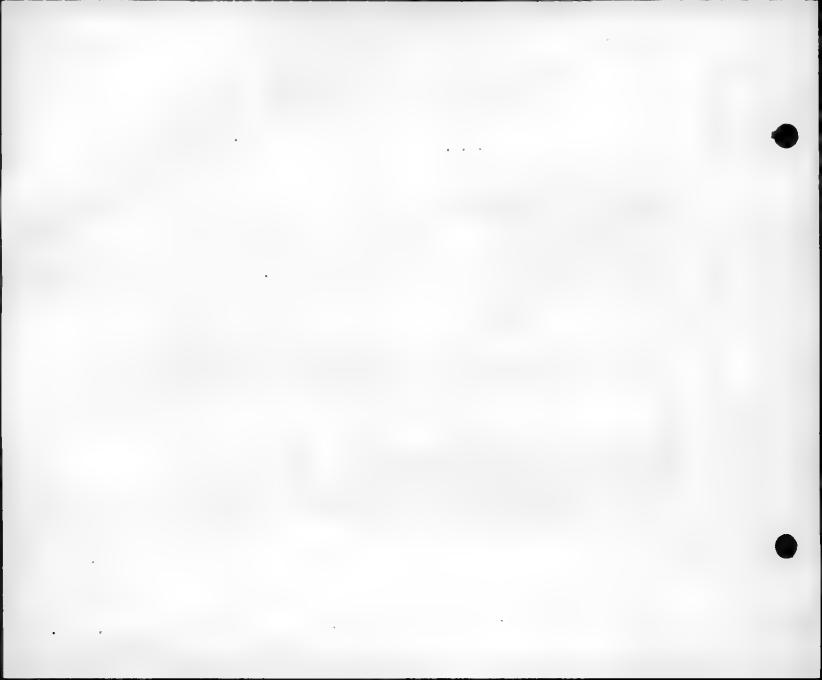
VR A15ME (5) 19M REV 1 68

the funerol director.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 22128 CERTIFICATE OF DEATH 02123 DECEASED-NAME First Middle Lost 2g. DATE OF DEATH and completely filled in by the toneral veryone carbon papers. Pages, and 2 in any event, within 72 haurs after death. 2b HOURE executed within 24 haurs after death. (Type or print) Joseph Todd Singleton February 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IE UNDER 1 YEAR Male lest birtheay) White MONTHS OAYS 2-25-1969 YRS 7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Maryland Baltimore WIDOWED | DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR St. Joseph Hospital during most of working life, even if retired.) Towson INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY JAM IS? 13e STREET AND NUMBER odn.ssion) STATE NO DC 400 Dale Ave. #21206 burial, cremation, ar remaval, and in any 14. FATHER S NAME Eirst Middle Last 15. MOTHER'S MAIDEN NAME First Middle Russell M. Singleton Iris K. Cutlip The law requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknawn) M. Singelton 100 Dale None Russell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BFTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

MMEDIATE CAUSE (0) Possible intra-cranial hemorrhage secondary to PUT TO OR AS A CONSCIENCE OF Prolonged and severe hypoxia. signed by the burnal-transit p Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(n) TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital ar attending JUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to CERTIFICAT ON 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO E 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF NURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21a. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET EACTORY.) 214 EOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased from February 25 1969, the bruary 2719 69, that (4) (we) last sow the deceased clive on February 27, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED February 27,1969 DEGREE 22e. ADDRESS 22d PHYSICIAN S Imelda Salanio, M.D. 7620 York Road, Towson, Md. 21204 NAME (Type) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCATION (City or Town) (Caunty) (State) REMOVA (Specify) 2-28-1969 Councilman Burial Baltimore, PERSONAL SENATED 24. FUNERAL DIRECTOR ADDRESS 25g REC D BY REGISTRAR VR A15 Lassahn Funeral Home 7h01 Belair Road 21236



The law requires that the death certificate be executed

be retained by the haspital ar attending physician.

Page 4 may

2

hours after death

papers hin 72 l

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. While Nat while at work

22a, I certify that (I) (this haspital) attended, the deceased from

saw the deceased aliveron.

City or Tawn

_19.67, and that in (my) (our) opinion death occurred on the dote and hour and from the

County State

22c. DATE SIGNED

ATTENDING MED. DIRECTOR STAFF PHYS PHYS 22e. ADDRESS

(City or Town)

230 BURIAL, CREMATION, REMOVAL (Specify)

NAME (Type)

22b. SIGNATURE

22d. PHYSICIAN'S

32129

DECEASED-NAME

(Type or print)

FEMALE

10 CITY OR TOWN OF DEATH

MARYLAND

Yes, na. ar unknawn)

190 DATE OF OPERATION

odmissian) STATE

14 FATHER'S NAME

3 SEX

country)

NAME OF CEMETERY

DEGREE

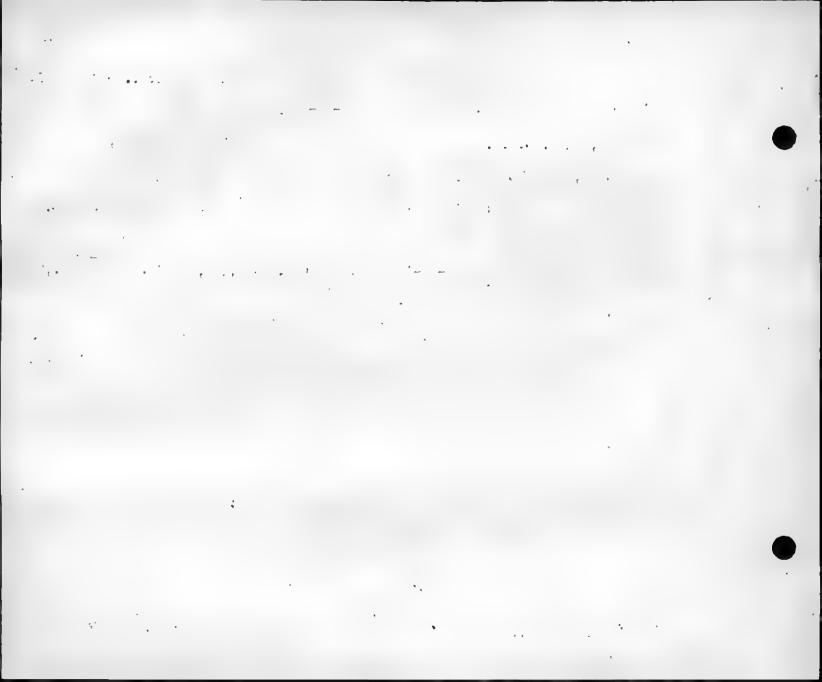
FUNERAL DIRECTOR

causes stated abave, (1) (we) (did) (did not) view the bady after death.

REC'D BY REGISTRAR

-LOCATION

25b REGISTRAR'S SIGNATURE Climber Jula



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completely fulled love corbon pope

or remova

within 24 hours after death

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requires that the death certificate

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funeral DIRECTOR: After director, page 3 should be dishould be diled with the Store



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02127 02132 CERTIFICATE OF DEATH Lost 2o. DATE OF CEATH DECEASED NAME First Middle 25. HOUR signed by the attending bhysicien and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. be executed within 24 hours after death (Type or print) Mopth Roland Smith Earl S DATE OF BIRTH OF UNDER I YEAR SE UNDER 24 HRS 3 SEX 4. RACE 6 AGE (In years ĐẠYS L-12-1911 lost birthday) Male Cau. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Baltimore Baltimore DIVORCED [7] WIDOWED [U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Williams Const give street address) Middle River Kerria Lane 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY CARTS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 21220 18 Kerria Lane Md. Baltimore 15. MOTHER'S MA DEN NAME First Middle 14. FATHER'S NAME Lost **First** Middle Nellie Llewellyn E. Smith S. ernard certificate 160. WAS DECEASED EVER' IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18 Kerria Lane 21220 217-09-1330 Mrs Marie L. Smith APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PHYSICIAN: The law requires that the death PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) CEYE by DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) Carcimoma rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the haspital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the l TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | be detached far use State Dept. af Health p 210. ACCIDENT WAS UNDERLYING 215, TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from hospital 1967, to Feb 11, 1969, that (1) (we) last Feb-10 1969, and that in (my) four) opinion death occurred on the date and hour and fram the saw the deceased olive on.... director, page 3 shauld shauld be filed with the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYSICIAN S 22e. ADDRESS NAME (Type) 902 Averill Road Joppa. Md. 21085 Emory J. Linder 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE 230. BURIAL, CREMATION, Md. LakeView Memorial Cem. Baltimore REMOVAL (Specify) Coa 2-1301969 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS. 2So. REC'D BY REGISTRAR Lassahn Funeral Home 7401 Belaire Road 21236

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02134 02129 CERTIFICATE OF DEATH 2b. HOUR P M'ddle Lost 2g. DATE OF DEATH DECEASED-NAME First Completely filled in by the funeral rave carbon papers. Pages 1 and 2 by event, within 72 hours after death. ruted within 24 hours after death (Type or pnnt) Month LILLIAN 6:20 SOLOMON K. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years lost birthooy) 9-19-1894 CAUCASIAN FEMALE 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country) DIVORCED [BALTIMORE WIDOWED ZZ Maryland 12a USUAL OCCUPATION (Kind of work done ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY the attending physician and completely is it permit. Then please remove carban BALTIMORE BALT. MED. CEN 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 138 INSIDE CITY UMITS? 13e STREET AND NUMBER odmission) STATE Maryland 136 COUNTY 1107 Ramblewood Road Baltimore 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Last law requires that the death certificate be Benjamin Horn Margaret Hamme I 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) 215-31-861/1 Mrs. Katherine Keyes Samo APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY CARDIORESPIRATORY FAILURE IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) CARCINOMA OF BOWEL WITH METASTASIS rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) te has been a use as the la be retained by the hospital ar attending 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY2 CAUSES OF DEATH? YES TO O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year Ö (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at wark 22a. I **certify** that \$\alpha\$) (this hospital) attended the deceased from \$\frac{1-17-}{200}\$, 19\frac{69}{200}\$, ta \$\frac{2-3}{200}\$, 19\frac{69}{200}\$, that \$\frac{2}{200}\$ (our) opinion death occurred on the date and hour and from the 19 69 ta 2-3 causes stated abayex(1): (we) (did) (disknot) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF director, page 3 shauld be filed v DEGREE PHYS. PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) CHANG LIN.M.D. 6701 N CHARLES 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) BRIMOYAL (specify) 2/7/69 Druid Ridge Cemetery Baltimore Maryland

ADDRESS

Leonard J. Ruck Inc. 5305 Harford Road 21214

25a. REC'D BY REGISTRAR

VR A15 (4) 30M REV 1/68 24. FUNERAL DIRECTOR





REMOVAL (Specify)

24 FUNERAL DIRECTOR

VR A15 AL

2-4-1969

Lassahn Funeral Home 7h01 Belair Road 21236

Baltimore Cemetery

2Sq. REC'D BY REGISTRAR

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2b HOUR bruary 6 AGE (In years DE DINDER 1 YEAR IF UNDER 24 MRS last birthday) MONTHS HOURS 12b KIND OF BUSINESS OR INDUSTRY Housewife Box 68 Record Road 21082 Middle Lee Address BETWEEN ONSET AND DEATH 1 r S 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING State County 22c DATE SIGNED Jerusalem Road Kingsville Mi 23d. LOCATION (City or Town) (County) (State) Baltimore Md. Citv 25b. REGISTRAR'S SIGNATURE ychanda 1969 Vecasion

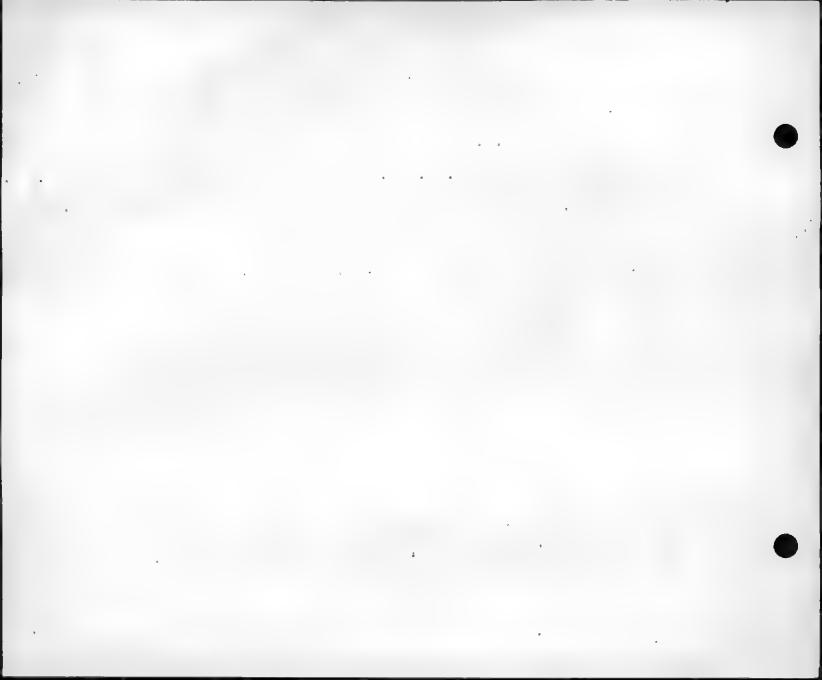


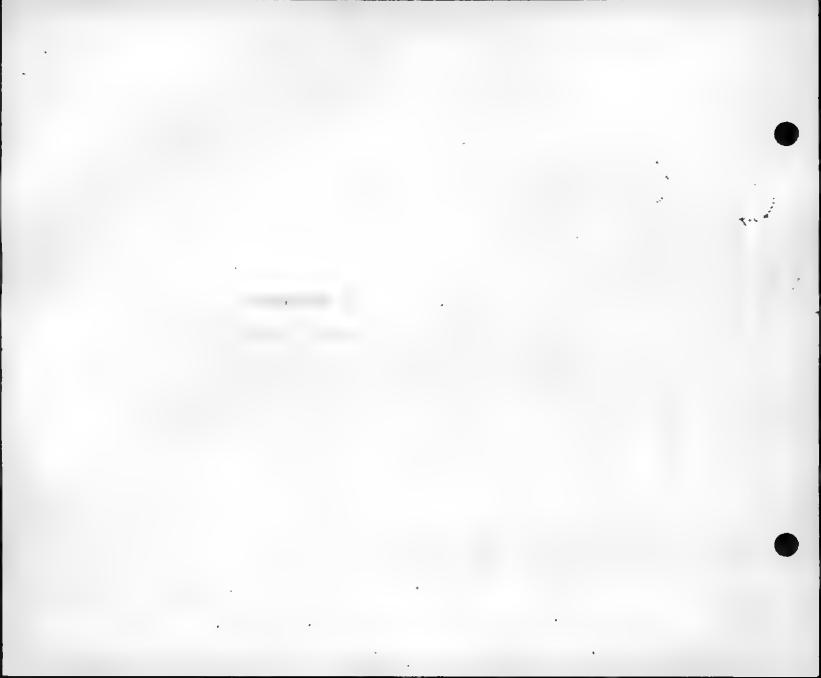
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02132 CERTIFICATE OF DEATH 1. DECLASED-NAME First Middle Los 20 DATE OF DEATH 26 HOUR be executed within 24 hours after death. hin 78 hours after death. pub (Type or print) and campletely filled in the the funeral remove carban papers Rages 1 and Emil 6 de01 Lawrence James Stakem 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years JE LINGER I YEAR Male White Maryland 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED TANEVER MARRIED Marvland U.S. WIDOWED [DIVORCED [Baltimore County 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Balto. Co. Gen. Hospital during most of working life, even if retired) W. INDUSTRY Randallstown nter 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d HNS+OE CTY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY NO [Bal timore Yataruba 14. FATHER S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Lost andin James Stakem Theresa Sharp please Ohysician icate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) removal, Mrs. Maggaret Stakem-7015 signed by the attending phy 18. CAUSE OF DEATH (Enter only one couse per limit for (a), (b), and (c).

PART I, DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH th≡ taw requires that the Jaath 400 Ь Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSPONENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) attending p far use as the k Health priar to b this certificate has been 190 DATE OF OPERATION 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO haspital mr 21o. ACC DENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 216. TIME OF INSURY TOR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. 3 shauld be detache I with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING ETC. While Not while at work Pag■ 4 may be retained by the IN HUNITAL DIVICTOR: After 22a. I certify that (I) (this haspital) attempted the deceased from saw the deceased aline and saw the deceased alige anand that in (my) (aur) opinion death occurred on the date and hour and from the (did) (did not) view the bady after death. causes stated abave. (1) twelf 22b. SIGNATURI 22 DATE SIGNED ATTENDING director, page should be filed PHYS. PHYS 22d. PHYSIC ANS 22e ADDRESS NAME (Type) 23o BURIAL CREMATION CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) ake 25b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

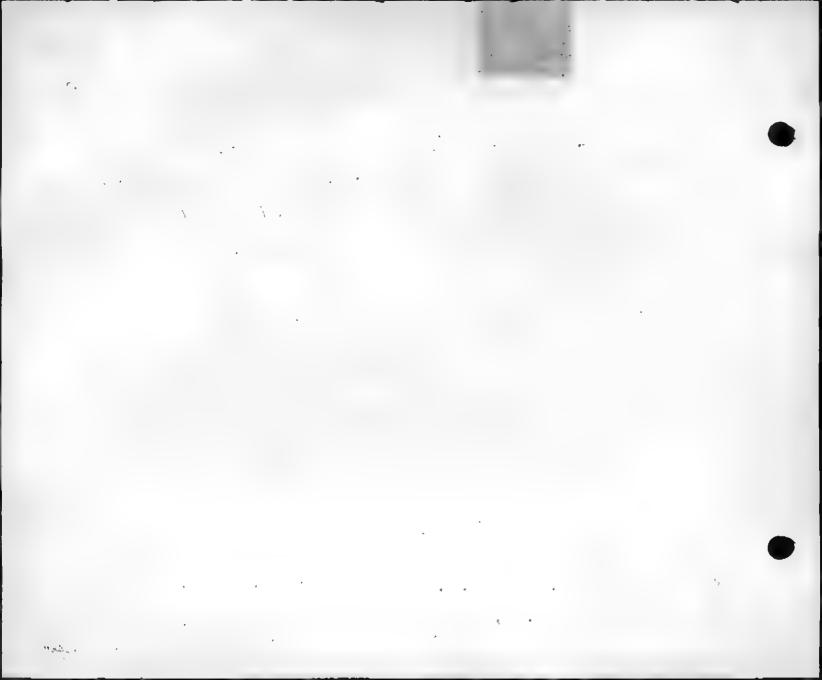


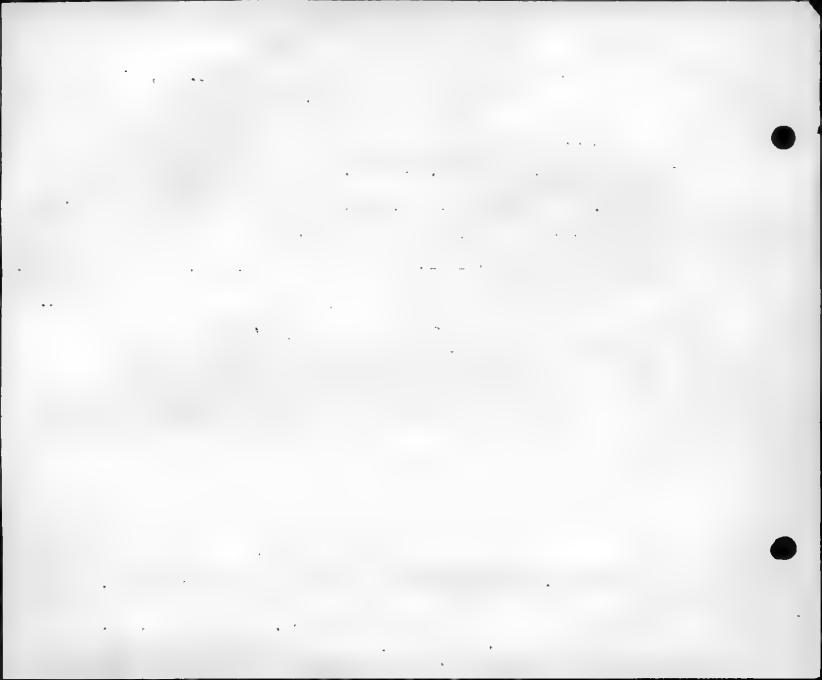


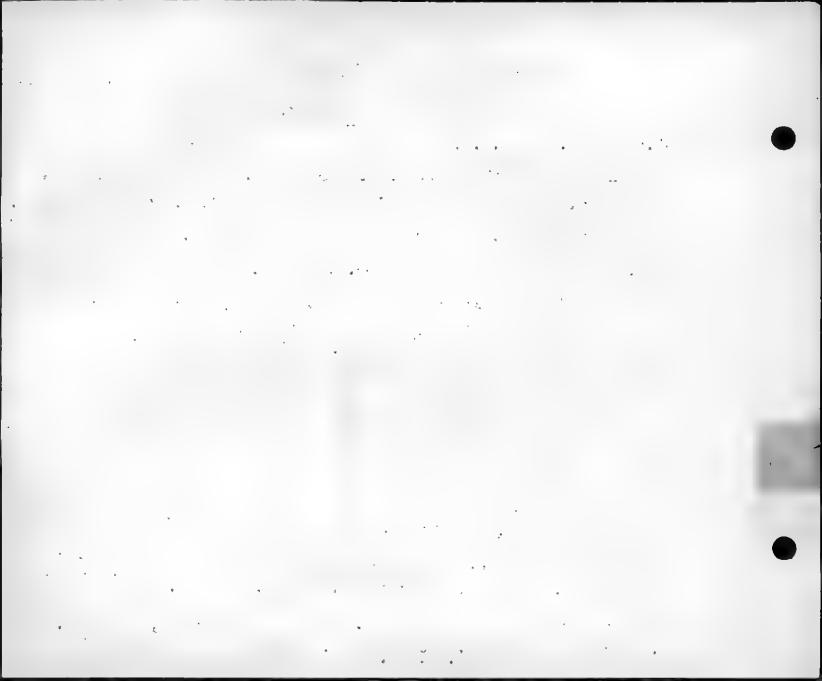
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	17 64 3 64 3	OEKTII TOAT	L OI PLAIN		UALUE
1.	PLACE OF DEATH a. COUNTY			Where deceased lived, If institution: Re	esidence before admission)
	Baltimore	MARYLAND	a. STATE Marul	b. COUNTY Ba	/timeno
_	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		side corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)		7		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	conttol also street address.	1 OWNO	n	e. IS RESIDENCE
	C1 2 44 11	4.4	d. STREET ADDRESS		ON A FARM?
	(hesapeake Manor Nuasing	Home	501 Park Ave	nue	YES NO
3.	NAME OF First OECEASED	Middle	Last 4.	OATE Month	Day Year
	(Type or print) Edna	Puburn St.	ebbins	DEATH February 15.	1969
5.	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
I.o	male White WIDOWED	DIVORCED	March 24, 1887	7 0 /	Days Hours Min.
1Da	. USUAL OCCUPATION (Give kind of work done ; 10b. K	IND OF BUSINESS OR		y & State, or foreign country) 12. Cl	TIZEN DF WHAT
đur	Ing most of working life, even if retired)	NDUSTRY	0	~)	OUNTRY?
19	FATHER'S NAME	1 Home	14. MOTHER'S MAIDEN		ISA
20:	John Pyburn			-	
			Agnes		
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT	Address	
	No None		Family Rogard	A	
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	Family Record	0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	4000	al certin		ONSET AND DEATH
	IMMEDIATE CAUSE (a)		suc cour	455000000	- 5 years
	Conditions If only which I				•
- 1	Conditions, If any, which gave rise to Immediate (b)				
	cause (a), stating the DUE TO				
23	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA					YES NO
ΤΙΕ	20a. ACCIDENT WAS UNDERLYING 1 20b. D	ESCRIBE HOW INJURY OCCI	JRRED. (Enter nature of inju	ury in Part I or Part II of Item 18.)
CE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
AL.	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While	Not While facto	ry, street, office bldg., etc.)		
M	p.m. 19 at work				
	21. I certify that (I) (this hospital) attended		June, 196	3, to 3/15, 196	\mathcal{I} , that (I) (we) last
	saw the deceased alive on 2	<u>£ 19 69, and tha</u>	t death occurred at <u>51,20</u>	eM, from the causes and on the	
	22a. SIGNATURE		ATTENDING ALED		ATE SIGNED
	hauleling & Lesly	М.С	D. PHYS. WED.	CTDR PHYS. 2//	8/69
	Z2c. PHYSIGIAN'S		22d. ADDRESS		
	NAME (Type) Franklin E. Leslie, M.	D _a	3501 St. P	Paul St. 21218	
2 3a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY 2	23d. LOCATION (City, town or cou	inty) (State)
	Burial Feb. 18.1969	Dulaney Valle	eu Memorial	Cockeusville. No	ruland.
24	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	John Burns Sons, Touson,	Maryland		20 1969 Miliane	es mage
_ '		J	DATE		£/ \$7

VR A15 (4)







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02142 CERTIFICATE OF DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exequed within 24 haurs after dea

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)

02137

ł		1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR									
١	(1)	(Type or print) LILIROSE Devitt Stuart February 28	1060 12:30 PM									
ł	3. SE	3. SEX	IF UNDER 1 YEAR IF UNDER 24 HRS									
	<	Demale White 20 march 1910 lost birthday) YRS MONTHS DAYS HOURS MIN										
ı		70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
1	COUR	County of i missens to ISA WIDOWED DIVORCED DIVORCED DIVORCED	Md.									
ı	10 C	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR									
1		Pholic is give street address) will fel during most of working life even it retired)	INDUSTRY									
ı		13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY TIMITS? 13e STREET AND NUMBER	Al No									
		admission) STATE Jud 136 COUNTY Julie Pholicix YES NO Coursell he	Il rec									
	14. F	14. FATHER SNAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Rour lost									
1	Iáo	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT A Address	1000000									
		Yes, no. or Jinknown) (If yes give war or dates of service) Z 18-01-0747 Austane Same	/									
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH									
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MYO Cardieal Tujurchian	1 anu									
		DUE TO, OR AS A CONSEQUENCE OF	10/1									
		(b) Core are Cuttery disease	1961									
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	10/									
		lost (1) Cardio Ouseulai alseose	1760									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
	NO											
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
	RTIF	AEZ NO IS CHOSTS AL DENILI:										
			tem 18.)									
	MEDICAL	(If either, notify medical examiner) P.M. 19										
	W	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State									
		at wark at wark	1									
		22a. 1 certify that (I) (this haspital) attended the deceased trops 1900, ta 1900, ta 1900, ta	that (I) (We)-last									
		saw the deceased alive an secured an the date causes stated above, (I) (well (did) (did not) view the bady after death.	te and havr and fram the									
-			ATE SIGNED									
		DEGREE PHYS DIRECTOR LI PHYS. LI	Teb 1964									
		22d PHYSICIANS NAME (Type) WALTER T. KEES 22e. ADDRESS Ochoey Surlly	nel "									
	23a.	230 BURIAL (REMATION, REMOVAL) PROPERTY OF CREMATORY (231 LOCATION (CITY or Town)	(County) (State)									
	24 6	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 125b. RECOMPANS 24 FUNERAL DIRECTOR	SIGNATUREO									
	24.%	DATE MAR 4 1969	res judge									
		DAIR VI	<i>U</i>									



21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

(AT HOME, FARM, STREEY, FACTORY.) 214 LOCATION Street or R.F.D. No. City or Town County

State

225 DATE SIGNED

ATTENDING PHYS. MED DIRECTOR STAFF PHYS. 22e, ADDRESS

23d LOCATION (City or Town) (County) (State) Woodlawn. Balto.Co., Md.

Burial (Specify) Feb.6.1969 Woodlawn Cemeterv ADDRESS FUNERAL DIRECTOR Owings Mills, Md.

23b. DATE

OR CONTRIBLTING CAUSE OF DEATH

21d. INJURY OCCURRED

While Not while at work

22b SIGNATURE

22d. PHYSICIAN'S

23a BURIAL, CREMATION

NAME (Type)

(If either, natify medical examiner)

saw the deceased alive an

30M REV.

director, page 3 should be filed

physician, and campletely filled in by the funeral papers. Pages 1 and 2 out, and 12 haurs after death.

signed by the attending

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been

burial-transit

as the priartal

of Health p

þ

crematian,

law requires that the death certificate be executed within 24 hours after death

HOUR A.M.

21e. PLACE OF INJURY

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased glive an

PM.

Manth Day Year

SW. Iliams

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

25a. REC D BY REGISTRAR 1969

256 REGISTRAR'S GIGNATURE carlo



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02139 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME 2a DATE KNOWN First M. ddle Last 2b. HOUR (Type or Print) OF EST -3 to CLARENCE DEATH MATED EDWARD 19698:30M 6 AGE (in years IF UNDER 24 HRS A RACE 3. SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR and HOURS tost berthday) MONTHS Day P.M.3. 1-25-32 Male White February. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED IN INEVER MARRIED 9 COUNTY OF DEATH ang with farm country) Give Pages 1, WIDOWED [DIVORCED | Maryland U.S.A. Balto. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of wasking life, even if retired) American Can Essex 1629 Gail Rd.APT.4B 13d MSIDE CITY LIMITS? 13g USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER admission) STATE 13b. COUNTY Item 18. YES NO hours 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Clarence E. Sullivan Sr. Emma Friesen _ haurs Examiner's pages 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Glen Burnie Md. TABL SOCIAL SECURITY NO. 17. INFORMANT be executed within pencil (Yes, na, or unknown)
Yes Mary F. Sullivan 58 Glen Ridge Rd Apt A 213-28-3685 Korean Φ 迂 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH .⊑ within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a)_ Gunshot wound of the brain event DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a). writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 c) g o remaval, used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe execute the certificate, 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ₽ 21g EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day Year P MEDICAL PRIMARY TO OR CONTRIBUTING HOUR A.M. 3 shaul crematian, CAUSE OF DEATH 25 19 69 Slef-inflicted gunshot wound 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town (aunty State Page factory, affice building, etc.) WHILE NOT WHILE AT WORK AT WORK 1629 Gail Rd. Apr. 4B Essex Home 22a 1 certify that I took charge of the remains described above, held amp Autopsy 💢 and in my apinian Inspection [Inquiry the funeral director. Suicide XX Hamicide death resulted fram Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER priar 1 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O HEPTITY DEPUTY MEDICAL EXAMINER 2/26/69 **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Edward F. Wilson M.D.

23c NAME OF CEMETERY OF CREMATORY 0 230. BUR.AL, CREMAT ON, 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Baltimore Md. Balto City 3-1-1969 Loudon Park Cemetery 24 FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 VR A15ME (5) DATE 10M REV 1/68



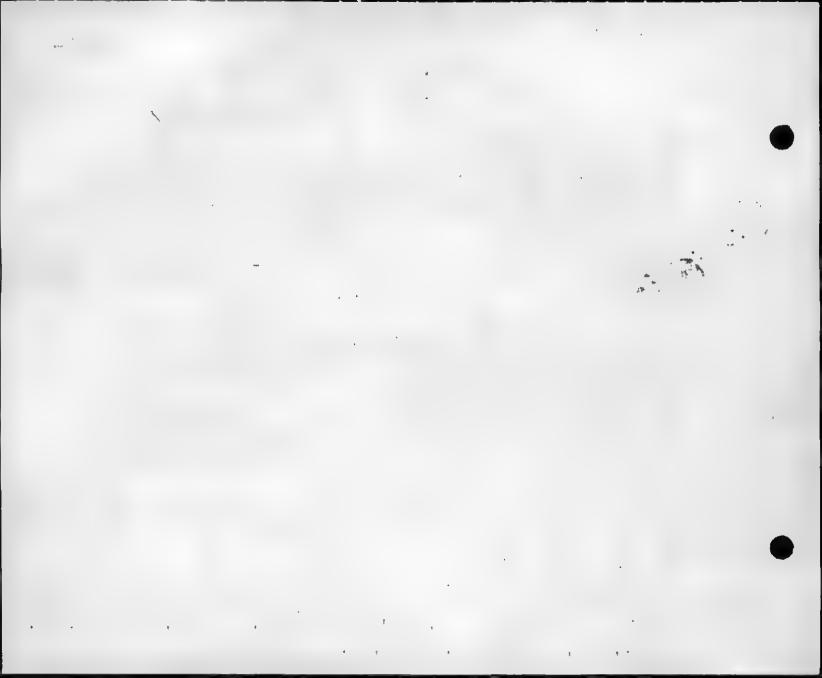
ADDRESS

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Balto. Md.

FEE 19 1969



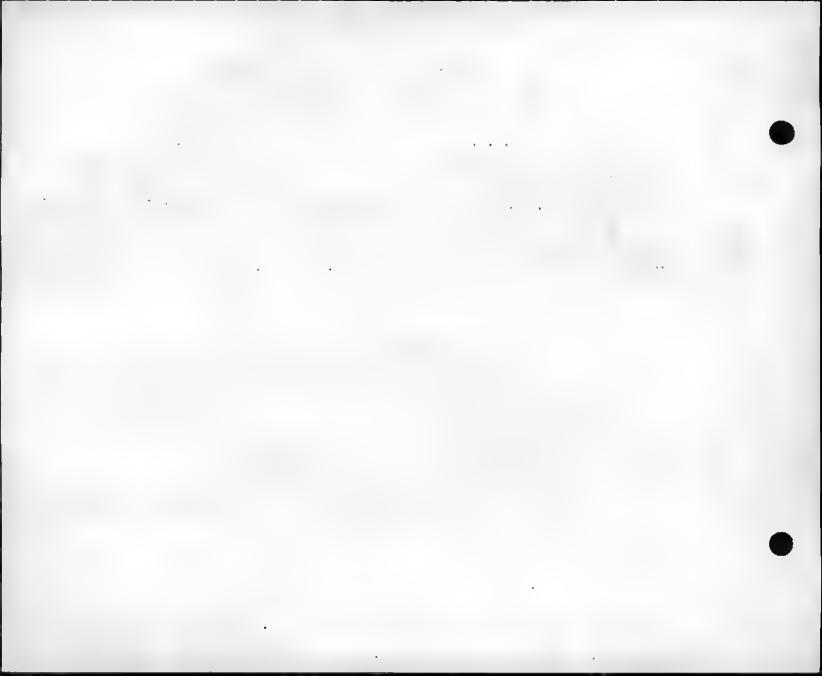


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02142 CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH 1. DECEASED-NAME First Middle 2b HOUR requires that the death certificate be executed within 24 hours ofter death February 11 Doy 1969 or (Type or print) S. Arthur Taylor IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years HOURS lost birthdoy) and completely filled in by the remove corban papers. Pages April 23, 1899 69 ve corban papers. Poc event, within 72 hours 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7o BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED country) DIVORCED [Maryland U.S.A. WIDOWED [Baltimore ID CITY OR TOWN OF DEATH 120, USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR give street address 5206 Ca during most of working life, even if retired.)
City Policeman INDUSTRY Arbutus 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 5206 Carroll Baltimore 5206 Carroll Place 21227 Arbutus ony 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Samue 1 Louis Taylor Ella Virginia Bevans pleose/ 165 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or doles at service) Yes, no, or unknown) 215-28-2144 Mrs. Helmy M. Taylor, 5206 Carroll Place 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the offending burial-tronsit permit. The BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Condition's, if only, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES ---210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18 ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED County 21e PLACE OF INJURY City or Town While Not while at work of work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (cert) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED DEGREE PURECTOR director, page should be filed 22e, ADDRESS 22d. PHYSICIAN S Earl I. Pass NAME (Type) 4001 Wilkens Avenue 23d LOCATION (City or Town) 230 BLRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) BYTRY A (Specify) Baltimore, Maryland 2-14-1969 Baltimore National Cem. 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

21229

DATE



MARYLAND STATE DEPARTMENT OF HEALTH 6214 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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U	4	Ä.	4	O

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
	ECEASED-NAME First		Middle	Lost	4		tenth Doy Year	26 HOUR			
'	Type or Print) PEARL	E. S	MITH	TA4	IUR	OF ESTI DEATH MATED	Ebrusy 26069	AN			
3, 5	EX 4 RACE	S. DATE OF BIRTH	6 AGE (In years lest birthday)	MONTHS DAYS	IF JINDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DE	AD	2d, HOUR			
	FN	1/16/17	5 4 YRS	months DATS	PODICS MIN	1200000	1 260 1969	AN N			
		CITIZEN OF WHAT COUN	NTRY? 8. MAR	RIED NEVER MAR	RIED 7. CO	UNTY OF DEATH					
(001	ITY) MP	VIS,A	WIDO	OMED DIAO	RCED 🔲	BALTO,		M			
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION	(If not in hospital		CCUPATION (Kind of work of working life even if retu		VESS OR			
	ZWAUGE		4312	Schwar	a ton	dumlete.	1 sint 1	Hom			
130.	SUAL RESIDENCE (Where deceose dmission) STATE The	d lived, if institut on Re	1. 2		YES NO	130 STREET AND NUMBER					
	7	- A		vaus		4312 sehi	vary are				
14.	ATHER S NAME First	Middle	lost	15 MOTHER S MAIE	DEN NAME First	Middle	2 2 1 2051	,			
140	WAS DECEASED EVER IN U.S. ARMED FO	DOCCCO TUS CO	CIAL SECURITY NO. 1	7 INFORMANT		ADDRESS	virille	10			
(1		or or dates of service)	7. 28-96671	May TILLE	41-43	75 Schuai	teuro				
F	18. CAUSE OF DEATH (Enter only	and course not ting the to		1	/		APPROXIMATE II				
	PART I. DEATH WAS CAUSED	narhage	BETWEEN ONSET A	ND DEATH							
	immidial	E CAUSE (o)	DIKEOUENCE OF		1 -7-6-6	/3	2/11				
	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)										
rise to Immediate couse (a). stoting the underlying couse DUE TO, OR AS & CONSEQUENCE OF											
	(st. will the mal Vascular Viseds e										
	PART 2 OTHER SIGNIFICANT CONDIT		-								
2											
CERTIFICATION	190. DATE OF OPERATION		INDITION FOR WHICH OPE AS PERFORMED?			20 AUTOPSY?	}				
I E							YES 🗍	NO 🚁			
CAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF INJURY A HOUR A.M.	Month, Doy Yeor 2	Re HOW INJURY OC	CURRED (Enter noti	ure of in any in Port 1 or Po	rt 2, Item 18)				
WED CA	CAUSE OF DEATH	PM	19								
2		ACE OF INJURY (At home, ory, office building, etc.)	, torm, street, 2	1f. LOCATION Street of	н R F.D No	City or Town	County	Stote			
	WHILE NOT WHILE TOCK										
	22a. I certify that I to	*	Application of the contract of			spection Inqui		r opiniar			
	death resulted from	Natural causes	Accident .	21		, Undetermined ma	nner				
	ACTUAL SINGLE OF	16-12	7	100	F MEDICAL EXAMIN						
	SIGNATURE	00010	wom	- Sign D	ASSISTANT MED CAL EXAMINER 22b. DATE SIGNED						
	EXAMINER'S NAME (Type)			/	JTY MEDICAL EXAM RESS(Street, city, to		- MO 01				
230	. BURIAL, CREMATION, 235. (DATE 4	23c NAME OF SEMETERY	OR CREMATORY	23d	I. LOCATION (City or Town)	(County) (Sto	ote) ,			
	ATMOVAL (Specify)	11/69	1 tens	ent Re		Teruson, 1	Ducto, co.	Red			
24	FUNERAL DIRECTOR	1 120172	7 SC ADDRESS	1+	250 FEE BBY RE	GISTRAB CO 256 SEGIST	RARS SIGNATURE				
W	11. V. Chamcavi	1 100	But 17. 21	i.	DATE	1000	200				
			26-6-								

VR A15ME (5) 10M REV. 1/88

TO DEPUTY

5 may be retained for your files

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Lapa 2 with the State Depor

Heolth prior to burial, cremotion, or removal, and in any event within 72 hours after death.





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

02145

02150

death

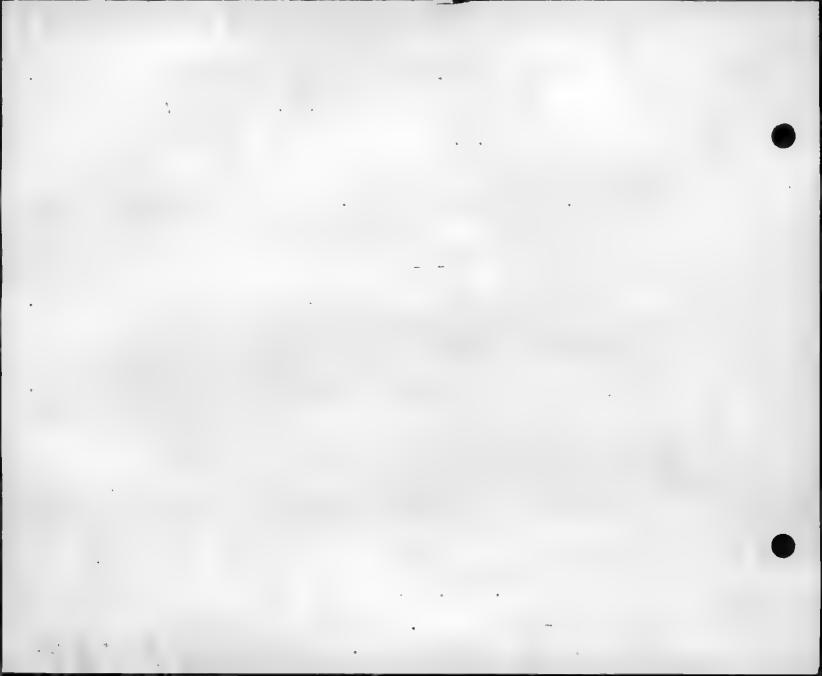
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the denth certificate by executed within 24 haurs offer death.

Page a may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician cambietely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please tempore carbon papers. Pershould be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours

VR A15 (4) 45M - 1/69

					FFIGURE	IICAIL OI	PLAII							
	CEASED-NAME (pe or print)	First		- Middle		Lost		20.	DATE OF					25 HOUR
(1)	rpe or print)	Maggio	3	L.		Th oma:	9	1	Feb	rugry 20	Day]	۱96 ⁶ 9°	Ir	p.
3 SE)		4	RACE			5. DATE OF I				6. AGE (In years		IF UNDER 1 Y		IF UNDER 24 HRS.
	oma le		Neg	ro		Aug.	28,	1917		last by thoay)	RS M	ONTHS [DAYS	HOURS MIN
7o B count	IRTHPLACE (State of	r foreign 7b Cl	TIZEN OF WE	HAT COUNTRY?	8 MARK	RIED A NEVER MA	RRIED	9. COL	INTY OF	DEATH				
	Md.		U.	S.			RCED 🗍	В	alti	more				M
10 CI	TY OR TOWN OF DI	ATH		AME OF HOSPITAL OR INS	TITUTION	(if not in haspital				(Kind of work doi				USINESS OR
	atonsvil		SP	street oddress) RING GROVE	STA	TE HOSP	auring	g most at a Dusew	warking ii ife	ife even if retired	1 }	INDUSTR	(Y	
13a . odm s		Mind . 13	d First tub COUNTY	ran Residence before		r or town	YES	NO		EET AND NUMBER West Ba	rre	St	ree	t
14. F	THER'S NAME	First	Middle	Last		15. MOTHER'S A	AIDEN NAM	₹ First		Middle				Last
	James	Lawrence	3				orena	Good	man					
		R IN U.S. ARMED FO		16b. SOCIAL SECURITY N		17 INFORMANT				Address				
16	s no, or unknown)	(+f yes give war or date	es or service)	214-24-25	47	Record	s: SPI	RING	GRO V	E STATE	HOS	SPITA	AL.	
	IB. CAUSE OF DEA	ATH (Enter anly one	cause per lin	ne far (a), (b), and (c).)										ATE INTERVAL SET AND DEATH
	PART I. DEATH	WAS CAUSED BY IMMEDIATE CAU	D	ulmonary		oolism,	5 US	pect	ed					in.
- 1	45 3)		DUE TO, OR A	S A CONSEQUENCE OF										
	(conditions, if any, which gove) Deep Pelvic vein thrombosis, suspected 3 days											lays		
	rise to immediate stating the under		UE TO, OR A	IS A CONSEQUENCE OF										
- [lost.													
	PART 2 OTHER SIG	NIFICANT CONDITION	IS CONTRIBUT	TING TO DEATH BUT NO	OT RELATE	D TO THE TERMIN	AL DISEASE (OREONDITI	ON GIVEN	IN PART I(o)	dн	terr	ทร์ r	ned
- 1	(T) VIC	onor ram	enr	0110,(2)1	alr	lutriti	on,	2°to	(1)	,(3)Ane	mi	a, i	CEL	ise
CERTIFICATION	19a DATE OF OPERA	TION 19b. CONDIT	ON FOR WH	ICH OPERATION WAS PER	RFORMED	20g AUT	OPSY?			YES, WERE FINDING	S CON	ISIDERED	IN CER	ETIFYING
						YES [-			OF DEATH?				
	210 ACCIDENT WA	L L	216 TIME OF HOUR A.M.	Manth Day Year	21	c HOW INJURY OF	CURRED (E	nter nature	of intury	in Part 1 or Part	2, He	m 1B)		
ă	(If either, natify m	edical examiner)	P.M.	19										
	21d. INJURY OCCUS While Mat whi It work at war	,		AT HOME, FARM STREET, FACT OFFICE BUILDING, ETC.					Í	or Yawn		County		State
	22a. I certify t	hat 🗱 (this hos	pitol) gite	nded the decease	d from	reb. 3	, 19	969_,	to_F	eb. 20	1905	/	hat i	% (we) .as
	saw the d	eceased alive a	N V X	(did not) view the	9 07	and that in (n	1y) (o¥r) (opinian i	deoth a	ccurred an the	dote	and he	ouro	nd from the
-	22b SIGNATURE	neu unove, (I) (we) (010) ((uld not) view the	aguy of	rer aearn.					2. D.	TC CIONES		
DEGREE PHYS DEGREE DIRECTOR DIRECTOR DIRECTOR 2-20-69														
	22d. PHYSICIAN'S NAME (Type)	Kar I	1, 4	A M D		22e. AD				E STATE				
_			0.12	bung, M.D.			Ba			Marylan		21226	3	
	BURIAL, CREMATION BEMOYAL (Spec by)		~~			OR CREMATORY				(City or Town)		(County)		(State)
-	UNERAL DIRECTOR	2-25	-69	Mt.	Ca I	very	lot again			lyn, Me				
		A. Rice	661	W. Barr	ð S	t.		D BY REGIS	A 411	-75b REGISTRA		GNATURE) AND	let.
							DATE .	EB 2	生 10	00				9



O FUNERAL DIRECTOR: After this certificate VR A15

22d PHYSICIAN S

23a BURIAL CREMATION

REMOVAL (Specify)

NAME (Type)

executed within 24 haurs after death.

requires that the death certificate be

O HOSPITAL OR ATTENDING

be retained

23b DATE

Diomidis Pirovolidis, M.D.

23c NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE

22e. ADDRESS SPRING GROVE STATE HOSPITAL

Baltimore, Maryland

23d .OCATION (City or Town)

(Caunty) (State)

12b KIND OF BUSINESS OR

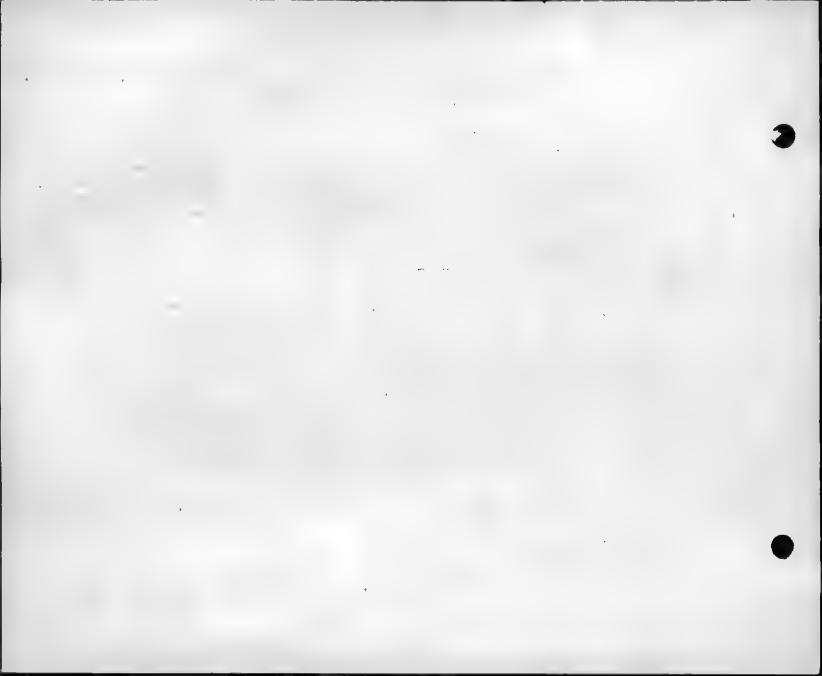
Last

BETWEEN ONSEL AND DEATH

State

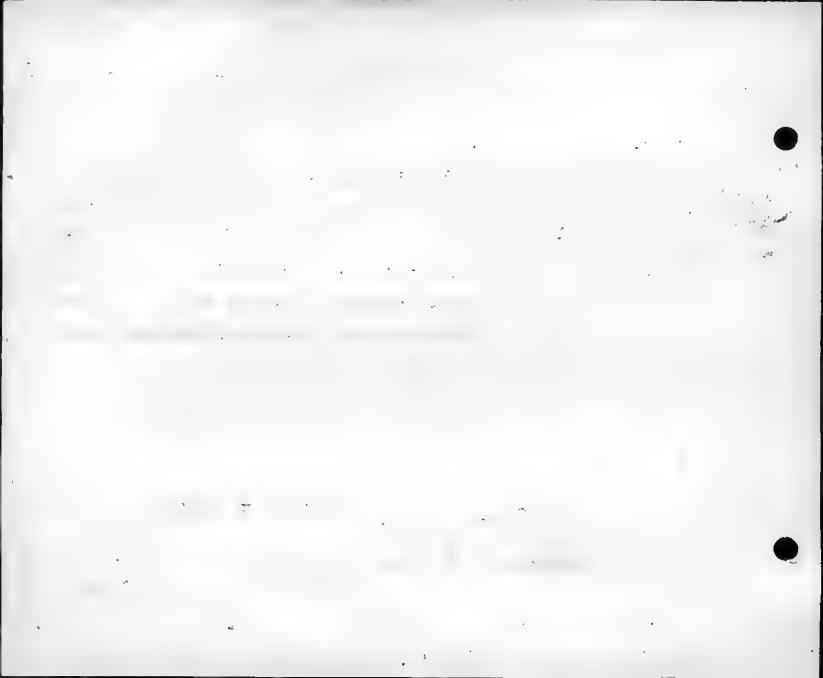
INDUSTRY

2-17-69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02147 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED NAME 25 HOUR First \sim 24 haurstefter death. ve carban papers. Pages 1 and 2 event. Within 72 hours after death 630 M [wnera] ond (Type or print) Month Yeor Michaol Tomko La la maria le re 6 AGE (In years IF JHOER 24 HRS. 4. RACE IF UNDER I YEAR 3 SEX S. DATE OF BIRTH Pone's lost birthdoy) DAYS HOURS 2/6/1909 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔂 NEVER MARRIED 🗀 filled in WIDOWED | DIVORCED [Baltimore Czochoslovakie 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR within INDUSTRY give street oddress) impletely if during most of working life, even if retired,) Dalto.12 dale 13d INSIDE CITY JIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER executed odmission) STATE 13b. COUNTY NO [YES Ral to . 1 signed by the attending physician and to burial-transit permit. Then please remoburial, crematian, ar removal, and in any e Middle 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First **Eirst** Maty Paul Mary Tomko law requires that the death certificate be 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, ng, or unknown) 194-01-5681 ÌŸŌ APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CORONARY Mediates IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOS CLEROTIC CARDIOVASCULAR DISEASE Conditions, if only, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) te has been s use as the b ofth prior tab 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES 🖂 NO 🖳 of Health 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) þ OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. director, page 3 shauld be detached shauld be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work couses stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 90 FEB. 4.1969 DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 21217 enable Los 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 230 BURIAL, CREMAT ON, REMOVAL(Specify) 314020 Pank 2Sb REGISTBAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (1) 50.13 Ochanlas 1969



LORRAINE PARK CEM.

25a REC'D BY REGISTRAR

ADDRESS

MONTHS.

HOURS

12b KIND OF BUSINESS OR

last by

CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH 1. DECEASED-NAME Won Last (Type or print) DATE OF BIRTH 3. SEX COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED 🗀 NEVER MARRIED 🗲 Baltimore County, WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g SUAL OCCUPATION (Kind of work done give street address)
Mt. Wilson Mount Wilson Hosp. 13a. USUAL RESIDENCE (Where deceased liver, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 136 COUNTY YES BALTINOKE 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Records, Mt. Wilson State Hospital 216-32-9289 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) FAR ADVANCED PULMONARY TUBETCHLOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 🗍 NO 🔲 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from \$\frac{1}{2}\$, 1964, ta \$\frac{1}{2}\$, 1964, that (1) (we) last saw the deceased alive an \$\frac{1}{2}\$, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED.
DIRECTOR DEGREE 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION

INDUSTRY 13e STREET AND NUMBER 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? City or Town County State 22c. DATE SIGNED 23d LOCATION (City or Town) (County) (State) Woodlawn, Balto. Co., Md. 2Sb. REGISTRAR 5 SIGNATURE

directar, page 3 shauld be detache should be filed with the State Dept. O FUNERAL DIRECTOR: After 30M REV.

REMOVAL (Specify)

FUNERAL DIRECTOR

Feb. 15,1969

TEWART & MOWEN CO.108 W.North Av., City 1

within 72 haurs after death

by the attending physician and completely Attendain by the carbon papers...P

burial, crematian, ar removal, and in any

burial-transit

far use as the b

af.

signed

this certificate has been

within 24 haurs

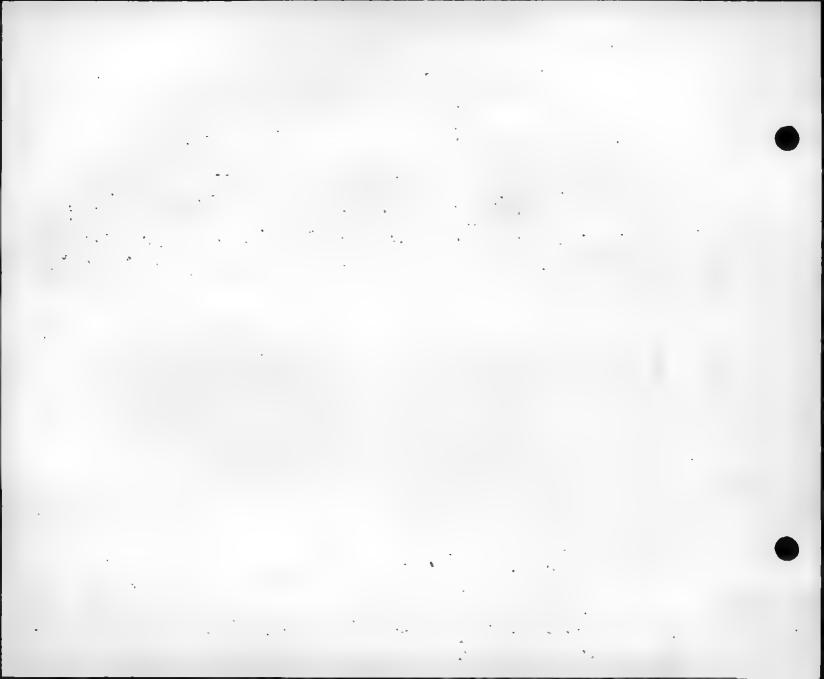
The lam requires that the Teath certificate by exempted

be retained by the haspital ar attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02149 82154 CERTIFICATE OF DEATH 1. DECEASED-NAMÉ First Middle Last 2a. DATE OF DEATH 26 HOURA (Type or print) Month 13 Jonathan Wayne Townsend 30 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS lost birthday) HOURS Ma1e 2/2/69 Caucasian 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 5 country) requires that the death certificate be executed within 24 hy within 72 DIVORCED Baltimore WIDOWED | the attending physician and completely filled sit permit. Then please remove carban pape ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital +2a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Give street address) Greater Balto. Med. Center during most of working life, even if retired.) INDUSTRY Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d INSIDE CITY LIM TS? 13e. STREET AND NUMBER Middle Last WMS 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, na, appurkagiwn) (Ityes give war or dates of sen (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Sepsis 늉 IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((a) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY far OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work . 19.69 , that (I) 22a. I certify that (I) (this hospital) attended the deceased from 2/11 saw the deceased give an 2/13 19.69, and that in (.... 1969 ... to__ sow the deceased alive an-19 69, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22t. DATE SIGNED **ATTENDING** MED. DIRECTOR 20Um, A. DEGREE 2/13/69 PHYS. 220. ADDRESS 6701 North Charles Street PHYSICIAN'S Charles C. Brown, M.D. NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City ary Town) (State) EMNERAL DIRECTO 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 30M REV. DATE



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	DIVISION OF	FSTATISTICAL	RESEAR	CH AND RECOR	DS, 301	W. PRI	ESTON	HEALTI STREET.	BALTIMO	RE 1, MARY	LAND	
		02156			TE O		ATH					
1.	PLACE OF DEAT				11 2 1	USUAL R	ESIDENC	CE (Where de	ceesed lived, II	D21	ince before	*dmission)
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_	b. CITY OR TOWN		Md	TOWN 0	f autolda carra		lto le RURAL end give					
	write RURAL en-	d give nearest town)		c. LENGTH OF STAY II					reis itmila, will	e KUKAL end giv	nearos IQV	waj
	d. NAME OF HOSP		(if not in hos	pilal, give street address)		d. STREET	APPRESS.	TTE	· -		le b	Pelney ICE
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	Housewif	<u>e</u>	1					•, Md.		U.S.	A.	
13.	FATHER'S NAME				14.	MOTHER'S	MAIDEN I					
	John Wesl	•					Mart	ha McDo	DRell			
15. (Ye	WAS DECEASED EV	ZER IN U.S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.					Addres		_	
_					Mr. W	In. H	. Tri	plett,	1038 L	ekemont	Road	
			cause per l	ine (or (a)) (b), and (c).	0	-17	.77		-A-	/\T	NTERVAL BE	TWÈEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	_XX	ule he	ask	An	i ku	se. (4/3/05	MAYEN	Vin	DEVIU
	The state of the s											
	Conditions, it say, which to Degenerative C.V.D. Coregunary Insufficiency											
	gave rise to immed	liate cause	10 1174	Mileroze	1	lew	ricu	exar -	+ TIVE	VYTO	W-0	
	cause last.	, stating the underlying										
Ž.	PART II OTHE	R SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BE	UT NOT RELA	ATED TO T	HE TERMIN	AL DISEASE	ONDITION GI	VEN IN PART 1(a)		AUTOPSY
CATION											PERFO	NO Z
FIC	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (Ent	ter nature i	of injury in	Part I or Pert	Il of item 18.1		112	NO IS
CERT	OR CONTRIBUTING	AS UNDERLYING DEATH										
AL	20c. TIME OF INJU	JRY Month, Day, Ye	 ar 20d.	INJURY OCCURRED 26	e. PLACE OF	IN HIRY (I	Home farm	, 1 20f. (City	ne fotuni	(County)		(State)
MEDIC	Hour a.m.		While	Not While	factory, str	eel, office	bldg., etc.)	or rown,	(County)		(2(916)
Σ	p.m.	19	al wor					3777	1-1-1			
	21. I certify	that (I) (this hospi	tai) atlen	ded the deceased for					Litalkan		that (I)	
		sed alive on/	7. IN.	19.6.9., and	that death	occurre	ed alb	M., Ilrom	the causes	and on the d	ate stated	above.
	228 SIGNATURE	0000		0		ATTENDIN	G J	NED.	STAFF		221	SIGNED
-00	JOSEA	on E.	[[] US	e /v.	M.D.	PHYS.	D	RECTOR _	PHYS.	_		0,0,40
	28c. PHYSICIAN 6		1		2	22d. ADD						
	John John							Charle	St.			
	, BÜRIAL, CREMAT REMOVAL (Specify		REOF	23c. NAME OF CEME	TERY OR CR	EMATORY	,	23d. LOCA	TION (City, to	wn or county)	(5	late]
]	ourial	2/5/69		Druid Ridg	e Ceme	tery		Baltin	nore, M	d.		
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS					RAR 25b. RE	GISTRAR'S SIGN.	ATURE	
	Witzke,	4101 Edmon	dson A	ve., 21229			DATE	P 5	1929	Climbe	Our	
			-						- Cores		AA	****

VR A15 (4) 20M S-63

CHARGE BLAST RES INC.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02157 02152 CERTIFICATE OF DEATH M:ddle Last 2a DATE OF DEATH DECEASED-NAME First 2b. HOUR Tuneral Tond 2 er death. executed within 24 haurs after death (Type ar print) John Wilson Turner Manth. 969 IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS -3 SEX 6 AGE (In years W last_buthday) MONTHS: M 1-14-1910 papelse 10 7a. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. Maryland within 72 WIDOWED [DIVORCED [7] physiciant and completely filled en please remove carban pape 2a, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working ife, even if retired.) give_street_address) INDUSTRY Towson .Balto.Med.Center Contracting Süperintendent 13g. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Maryland 929 Fairmount Avenue 13b. COUNTY Towson YESR NO T ΔUD 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Last LOST Fairbanks Laura Turner Charles and in certificity Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, ar unknawn) 929 Fairmount Av (If yes give wer or dates of service) Jeanne C. Turner 216-05-7090 Mrs. removal, APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c),) BETWEEN ONSET AND DEATH law requires that the death PART I DEATH WAS CAUSED BY: hrs. permit. IMMEDIATE CAUSE (a) Acute myocardial infarction þ crematian, DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Canditions, if any which gave) (b) Coronary artery disease rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health priartat TO HOSPITAL OR ATTENDING PHYSICIAN: The Note of Poge 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been so for the contract of the order of the set of the contract of the set of the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO R 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21s. PLACE OF INJURY City or Town County State OFFICE BUILDING ETC. While Nat while at wark 22a. I certify that (I) (this-hospital) attended the deceased from JULY 19.60, ta Feb. 12., 19.69, that (I) (me) last saw the deceased alive an Feb. 8 19.69, and that in (my) (our) apinian death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did-net) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** Feb. 1 DEGREE DIRECTOR 22e. ADDRESS 2 22d. PHYSICIAN'S Greenmount Avenue Saylor loyd NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Woodlawn Balto. Co. Md. 23a. BURIAL CREMATION. Park Cemetery Burial (Specify) 2-15-1969 Lorraine 250 REC D BY REGISTRAR FAFE 8 1 4 196 24. FUNERAL DIRECTOR VR AT FILE 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH





VR A15

PUNERAL DIRECTOR



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		0216n	DIVISION OF VIII		CERTIFIC			imoke,	MAKIDAND 2120		N I O	J	
			rst	Middle		Last		2a. DA	ATE OF DEATH	-		2b. HOUR	
	(1	ype or print)	FTIHLA			٧a	fiades	Fe	bruary 11,	Doy 19	69 ^{eor}	, A	
	3. SE		4. RACE			S DATE OF B	IRTH		6 AGE (in years			IF UNDER 24 HRS.	
		Female	Whi	te		Januar	y 21,	1887	last birthdoy)	RS. MONTH	IS DAYS	HOURS MIN	
		SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED	X NEVER MAI	RRIED		TY OF DEATH				
	conn	Turkey	U.S.A.		WIDOWED		RCED 🗌	В	altimore			Mc	
	10. C	ITY OR TOWN OF DEATH		F HOSPITAL OR IN	TITUTION (If no	ot in hospital			ATION (Kind of work do			BUSINESS OR	
port.	A	rbutus	give street	oddress) 4 Greyst	one Ro	ad	during m	ost of wo S ewi	rking life, even if retire fe	d) IN	DUSTRY		
do	13a	USUAL RESIDENCE (Where dec	eosed lived, if institution; I				13d, INSIDE CITY L		3e. STREET AND NUMBER				
.ne"	agmı	ssion) STATE Marylan	dia 13b. COUNTY BE	altimore	Arbut	us	YES N		1254 Grey	ston	e Roa	d	
7	14 F	ATHER'S NAME First	Middle	Last	15	. MOTHER'S M	AIDEN NAME F	ırst	Middl	9		Lost	
F		Theodore	e Balides			Harr	iette						
		WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b.	SOCIAL SECURITY	10. 17. II	NFORMANT			Addres	s			
		es, na, ar unknawn) (if yes 9	the wat or dollar to service)		Mr	, Johr	A. Va	flad	es, 1254 Gr	reyst			
		18. CAUSE OF DEATH (Enter		(a), (b), and (c))	/	1					IATE INTERVAL	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. I here.											
		DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which go rise to immediate cause (c		1	C.O.	D	= Cle	rdu	acturbo	us			
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	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUTO			206 IF YES, WERE FINDIN CAUSES OF DEATH?	igs consid	S CONSIDERED IN CERTIFYING		
X.	RTE					YES _							
	ICAL CE	21a. ACCIDENT WAS UNDER!			21c. HC	IW INJURY OC	CURRED (Ente	r nature o	of injury in Port 1 or Pai	1 2, Item 1	8.)		
	EDIC	(If either, natify medical exc	gminer) P.M.							* ***			
	2	21d INJURY OCCURRED 2 While Nat while	21e. PLACE OF INJURY (AT HE	OME FARM, STREET FAI E BUILDING ETC	TORY.) 21f LO	CATION Street	et ar RFD Na		City or Town	Cor	nty	State	
		at work at work		-				15	/.		-	411	
		22o. I certify that (I)	(this hospital) attended	ed the deceose	ed from A	that in Im	, 19_1	inion de	o	19 <u>©</u>	∠, thot	(1) (Me) los	
		couses stoted obe	olive on 7 ove, (I) (we) (did) (did	nut) view the	body ofter o	leoth.	iy) (oo i) op	illion de	om occoned on m	e uoie oi	10 11001 0	mu iroin iiii	
		22b. SIGNATURE				Ý.	NC 3 A	AFD.		22c, DATE S	SIGNED	,	
		1 2	arl fa	20	DEGR	EE PHYS		URECTOR	PHYS.	2-	11-6	29	
1		22d. PHYSICIAN'S NAME (Type) Ear	l I. Pass			22e. ADI	ORESS 4001	Wil	kens Avenue	2		7	
			3b DATE	23c NAME OF	CEMETERY OR	CREMATORY		23d J	OCATION (Erty ar Tawn)		unty)	(State)	
	I	BURTAL Specify)	2-15-1969	Greek (orthodo	ox Ceme	etery	Wir	ndsor Mill	Rd.,	Balte	o. Co.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confiderer filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event; within 72 hours after death. Page 4 may be retained by the Cospital ar attending physician.

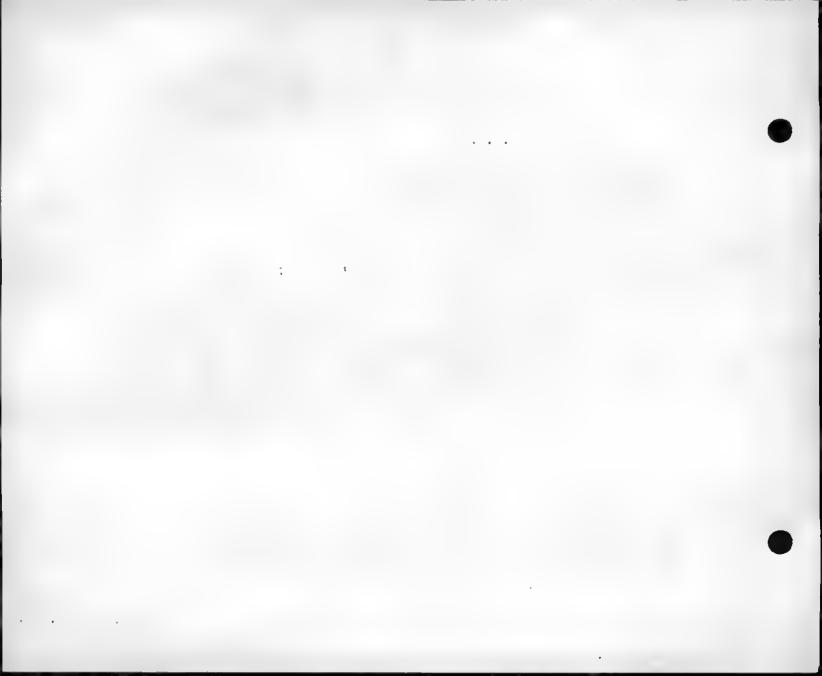
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave.

Greek Orthodox Cemetery
ADDRESS 25a. REC 25a. REC'D BY REGISTRAR DATE FEB 13

21229

REG STRARS SIGNATURE 1969



23c. NAME OF

Towson Md 21204

BATTIM OFE

RECO BY REGISTRAR

LOCATION (City or Town)

(Stote)

(Caunty)

REGISTRAR'S SIGNATUR

230 BUR AL, CREMATION SMOVAL (Specify)

24. FUNERAL DIRECTOR

DATE

Feb 15

WALCOOK-BROOK TOWSON,



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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deah.	} {	Type or print) Arts American Middle Middle Month Dogy Gray 2b. Hour Telemonth Dogy Gray 2b. Hour
offer of the control	3. \$	A. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (n years funder 1 FLAR IF UNDER 24 HRS. WONTHS DAYS HOURS M.N. 7. DATE OF BIRTH 9. DATE OF BIRTH 1. DATE OF B
in brans 2 hays	7o cou	BIRTHPIACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNDY OF DEATH
requires that the death certificate be executed within 24 haurs after dearing physician. In signed by the attending physician and please filled in by the please remays, carban papers. Page and a burial, cremation, ar remayal, and in any event, within 72 have either deap burial, cremation, ar remayal, and in any event.	10/	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during prosent of work done during prosent defent) 120. USUAL OCCUPATION (King of work done during prosent defent) 12b. KIND OF BUSINESS OR INDUSTRY
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nt the death certificate b the attending physician sit permit. Then please nation, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates of sarvice) 218-26-16392 Miss Marshall Sauce
ng p The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) APPROXIMATE INTERVAL— BETWEEN ONSE! AND DEATH.
deatl tendi mit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary hemorrhage
the at t pear		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) The Conditions of the Condition of the Cond
equires that the physician. signed by the burial-transit p		tise to immediate cause (a), stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF
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sign bur	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO TO NO TO THE PROPERTY OF THE PROPE
Are hare health		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
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O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit o FUNERAL DIRECTOR: After this certificatior, page 3 should be detached shauld be filed with the State Dept. af	ME	21d. INJURY OCCURRED While Not while of work of the process of the
by the titler of the control of the	П	22a. I certify that (I) (this hospital) attended the deceased from 12/1/68, 19, ta2/29/69, 19, that (I) (we) las saw the deceased alive on 2/19/69, 19, and that in (my) (ex) opinion death occurred on the date and from the
TEN lined ould ould at the	П	couses stated above, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
OR ATTENDING P be retained by the DIRECTOR: After thi ge 3 should be det	L	22b_SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. 22c DATE SIGNED 2/23/69
AL ON Personal Control of the Contro	П	22d, PHYSICIAN S 22e, ADDRESS
SPITA T ma FERA or, p d be		NAME(Type) Dr. Theodore E. Evans 9660 Belair Road-36-Md.
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fi	230	BORIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (State)
VR A15	24.	Geral Director Coby Kelforger DAFEB 1989 256 REGISTRAR S SIGNATURE DAFE B 1989 256 REGISTRAR S



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02158 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2o. DATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and puo (Type or print) Heinrich Leopold Volkman 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years lost birthdoy) HOURS White 12-25-89 Male haurs To, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Lithuïana completely filled in USA Baltimore WIDOWED X DIVORCED [7] F 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired)
Pipe Fitter INDUSTRY Randallstown B & on Ra County Gen 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE GITY LIM TS? 13e STREET AND NUMBER 21104 admission) STATE 13b. COUNTY altimoreMarriotsvi YS Le NO IX Sharin any 14 FATHER'S NAME Middle IS MOTHER'S MA DEN NAME First Firs! Lost Volkman Leopold unknown Johanna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Marriotsville Md Address Yes, no, or unknown) [(If yes give war or dates of service) 705-08-2034 signed by the attending place burial-transit permit. Then burial, crematian, or removal FO Walkman Bx 75A Riesburg Land 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: me respon IMMEDIATE CAUSE (o) Conditions, if ony, which gave) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d for use as the af Health priar ta certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES . NO T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY Y 21e PLACE OF INJURY 21f LOCATION Street or R F D No. City or Town County Store While Not while O FUNERAL DIRECTOR: After this at wark at work 22a. I certify that (1) (this hospital) attended the deceased from + 10 + 1900 , ta + 100 + 1900 , trait (1) q we) jost care the deceased above an + 100 + 1900 (and that in (my) (aur) apinian death accurred an the date and hour and from the directar, page 3 shauld should by filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22 DATE SIGNED MED DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Gregorio Nearfon Baltimore County General Hospital 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION (County) Baltimore Md. PENDYAL (Spacify) Balto. City 3-3-69 Loudon Park Cemetery **ADDRESS** 25a, REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave., 21229 1969 of Cherry By Variation

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	621	64		C	ERTIFIC	ATE OF	DEATH			(0215	9
	DECEASED-NAME (Type or print)	First		Middle		Lost		2a DATE O	F DEATH Menth	Ван	Van	26 HOUR
		B.		Roe		allis			2	233	Ĭ969	
3. 5	Male		4 RACE	Cau.		S. DATE OF BII	rth 2 0- 189	9	6 AGE (In year last birthday)		UNDER 1 YEAR NTHS DAYS	HOURS MIN.
70. ca	BIRTHPLACE (Stote or untry) Kent C	foreign 7	b. CITIZEN OF WHA U	COUNTRY?	MARRIED D	NEVER MARI	RIED [Balt	imore			M
L	CITY OR TOWN OF DEA Fallston	Md.	give str	E OF HOSPITAL OR INST eet address) Lync	ू का	ace		st of working Selie	I (Kind of work I life, even if ret IMPLOYED IREET AND NUMB	ired)	125 KIND OF INDUSTRY	BUSINESS OR
adn	n-ssion) STATE	Md.	13b. COUNTY	Baltimore	Fal	lston	YES NO	Q I	ynch Te		Fall	zzou ston
14		First Robert	Middle L.	Lost Wal	lis ls.	MOTHER'S MA	DEN NAME FI	rst Marry	Mid	idie	Roe	Lost e
160	2. WAS DECEASED EVER Yes, no. 17 Anknown)	IN U.S. ARMEE		66 SOCIAL SECURITY N 217-36-11		FORMANT ildred	M. Wa	llis I	Add ynch To	ress	Fal	Lston.
	PART I. DEATH 1997 Conditions, if ony, v nise to immediate stoting the underly last.	WAS CAUSED I IMMEDIATE which gave cause (a), ving couse	CAUSE (a)	for (0), (b), and (c), in elastal A CONSEQUENCE OF A CONSEQUENCE OF	ic C		LOMA.		En in Part 1(a)			NSET AND DEATH
CERTIFICATION	190. DATE OF OPERATI			H OPERATION WAS PER		20n. AUTOI	NO 🗌	CAUSE	F YES, WERE FIND S OF DEATH?			RTIFYING
MEDICAL CE				NJURY Manth Day Year 19	21c HO	W INJURY OCC	URRED (Enter	nature of inju	iry in Port I or F	Part 2, Item	18)	
M	21d INJURY OCCURI While Not while of work of work	RED 21e. Pt	ACE OF INJURY (T HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	ORY.) 21f. LO	CATION Street	t or R.F.D. No.	City	or Tawn	(ounty	Stote
	couses sto	220. I certify that (I) (this hospital) attended the deceased from DECEM DER, 1968, to February, 1969, that (I) (we) los sow the deceased alive on February 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.										
	22b. SIGNATURE	it	Bon	wich,	M. DEGRE	- 11112	DI DI	ED. RECTOR	STAFF PHYS		25-6	9
	22d. PHYSICIAN'S NAME (Type)	KERM	it P. E	DONOVICI	1, M.D	22e. ADDI	6 Be		Rd.	Fall	ston	2104
230	BURIAL, CREMATION, REMOVAL (Specify)	1	TE - 27-1969	23c. NAME OF C		REMATORY emeter	·v		ON (City or Town		County)	(State) Md.
	funeral director	neral I	Joma 71-01	ADDRESS			Zso. REC'D BY		2Sb. REGIS			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (1) 30M REV. 1 48





TO FUNERAL DIRECTOR: After this certificate has been signed by the allelling physiciamenal completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and m any event, within 72 haurs of the death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (V) 30M REV. 1388

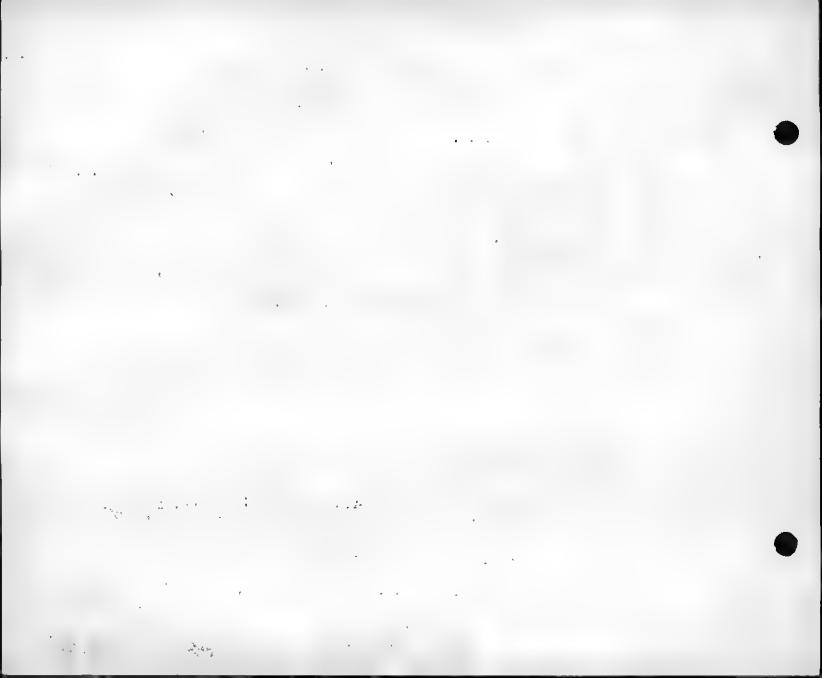
Marion P. Armacost-4600 Liberty Hts. Ave

	021	66	0111		(ERTIFIC	CATE OF	DEATH		-,	. 0	216.	1	
	ECEASED-NAME		First		M.ddle		Lost		20. [DATE OF DEATH	D	V	2b. HOUR	_
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. SE	X		4. R	ACE	•		S. DATE OF B	IRTH		6. AGE (In years		UNDER I YEAR	IF UNDER 24 HR	
	Fema	le		Whi	te_		11-3	80-80	81	lost birthday)		nina unia	NOUK3 Mei	
	BIRTHPLACE (Stot	e or fareig	n 7b Cl	izen of what	COUNTRY?	8. MARRIED	NEVER MAI	RRIED	9. COU	NTY OF DEATH				
cour	Md.			U.S.		WIDOWED		RCED 🔲	Ba	altimore C	oun	ty	J	Иď
	andall		wn	anua etra	e OF HOSPITAL OR INS et oddress). Saltimor	,		ducina		PATION (Kind of work di vorking life, even if retire L HOME		126 KIND OF I INDUSTRY	BUSINESS OR	
30.		E (Where	deceased live		Residence before	13c CITY OF		13d. INSIDE CITY	{O ☐ FIWI£25	130. STREET AND NUMBER		Oak A	ve	_
4. 1	FATHER S NAME	First		Middle	Lost	1	S. MOTHER'S M	AIDEN NAME	First	Mıddi			Lost	=
	Jame	s Ho	oweth					I	<u>Emma</u>	Covingto	n			
160.	WAS DECEASED	EVER IN U			Sb. SOCIAL SECURITY I	10 17	INFORMANT			Addre	55			_
Y	es, no ocunknov	vn) (Ity	res give war or dahi	s of service)	None	E	thel N	olan-	5107	Wesley Av	renu	e 212	.07	
	18. CAUSE OF	DEATH (Er	nter only one	couse per line	for (a), (b), and (c)		1 L1	- A C					NATE INTERVAL NSET AND DEATH	
	PAKI I, DI		CAUSED BY: MMEDIATE CAU		KU KUKI		FTHE			YDING C	il	<i>9/V</i>		
	1.7		D	UE TO, OR AS	A CONSEQUENCE OF	WITI	4 41	NEK		NETAST	HSI	2		
	Cond tions, if o rise to immed			(b)	AN) C	076	ELE		TESTINA				
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF US STRUCTION													
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												_	
25	PART 2 OTHER	SIGNIFICA	NT CONDITION	S CONTRIBUTION	G TO DEATH BUT N	OT RELATED T	O THE TERMINA	AL DISEASE OR	CONDITIE	ON GIVEN IN PART 1(0)				
CERTIFICATION	190, DATE OF OF	- 4	19b. CONDIT	ON FOR WHICH	OPERATION WAS PE		200. AUT		ď	20b. IF YES, WERE FINDING	GS CONS	IDERED IN CE	RTIFYING	
ERTI	21o. ACCIDENT		EDIVING L	ا کتا Ib. Time OF II			ON YES		de .	of investin Doct 2 on Do	- 0 la	- 101		_
MEDICAL C	OR CONTRIBUTION	IG CAUSE	OF DEATH		Month Doy Year		טאי ואטטאו טע	EUKKED (ENI	er noture	of injury in Port 1 or Po	rī Z, līem	10.7		
ME	21d INJURY O While Not	CCURRED			HOME, FARM, STREET, FAI FICE BUILDING, ETC		OCATION Stre	et or R.F.D. N	0.	City or Town	C	County	Stote	_
	at work dot	work 🖳								-	_	-		
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	22b: SIGNATURE					. A	D				22c_DAT	E SIGNED	- 4	_
	topi	~2	6.	da	upar	DEG	REE PHYS		MED DIRECTOR	STAFF CX	2-	-21	-69	
	22d PHYSICIAN NAME (Typ						22e. ADI	DRESS					1	
23o	BUR AL, CREMA		23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY		23d	LOCATION (City or Town)	· ·	County)	(Stota)	
	Buriativ)		2-28-	69	Druid	Ridge	Ceme		Ва	altimore, Maryland				
24.	FUNERAL DIRECT	OR			ADDRESS	.,2		2So REC'D	BY REGS	STRAR 2Sb REGISTS	RAR'S SIG	NATURE		
M	arion I	Ar.	macos	t-4600	Liberty	Hts.	Ave	DATE) IN ()	1969	conte	of freed	-	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02162 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a DATE OF DEATH Last 25 HOURELL. executed within 24 hours after death (Type or print) February Month WILBERT 1969 MERRERT WASHINGTON 12:55 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS 6 AGE (In years last pirthday) MALE Negro OCTOBER 1 1897 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country) BALTIMORE U.S.A. MARYLAND MIDOMED DIVORCED | 10, CITY OR FOWN OF DEATH 11 NAME OF HOSPITAL CITES ERPONDS not in hospital 120 USUA, OCCUPAT ON (Kind of work done 12b KIND OF BLSWESS OR 9ADMINISTRATION HOSPITAL U.S. POSTOFFIC during most of working ite, even if retired) FORT HOWARD 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmissian) STATE MARYLAND 1136 COUNTY BALTIMORE 81 WINTERS AVENUE NOX 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Mrddle Last WILLIAM WASHINGTON MARY MUIR Tificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECTIRITY NO 17 INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) en. 064 36 76 66 Clinical Rods VA HOSPITAL, FORT HOWARD MD 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b) and (c))
PARY I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 6 IMMEDIATE CAUSE (a) CARCTNOMA OF RECTUM. ADVANCED DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificote has been si detached far use as the b ite Dept, af Health prior to b offending | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO -Page 4 may be retained by the haspital or 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or RFD Na City or Tawn County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceosed from Jan. 26, 1969, to Feb. 18, 1969, that (1) (we) last sow the deceased alive on Feb. 18 O FUNERAL DIRECTOR: After causes stated obove, (we) (did) (xixxxx) view the body after death. 22b/MIGNATURE 22c. DATE SIGNED MED DIRECTOR filed director, page 3 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) MADHAY D. BARHANPURKAR, M.D. VA HOSPITAL, FORT HOWARD MARYLAND 23a BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) Burlal (Specify) 2/21/69 Baltimore National Baltimore, Maryland DATE B 2 4 24 FUNERAL DIRECTOR ter Funeral Home 15 W. North Avenue Limore, Maryland



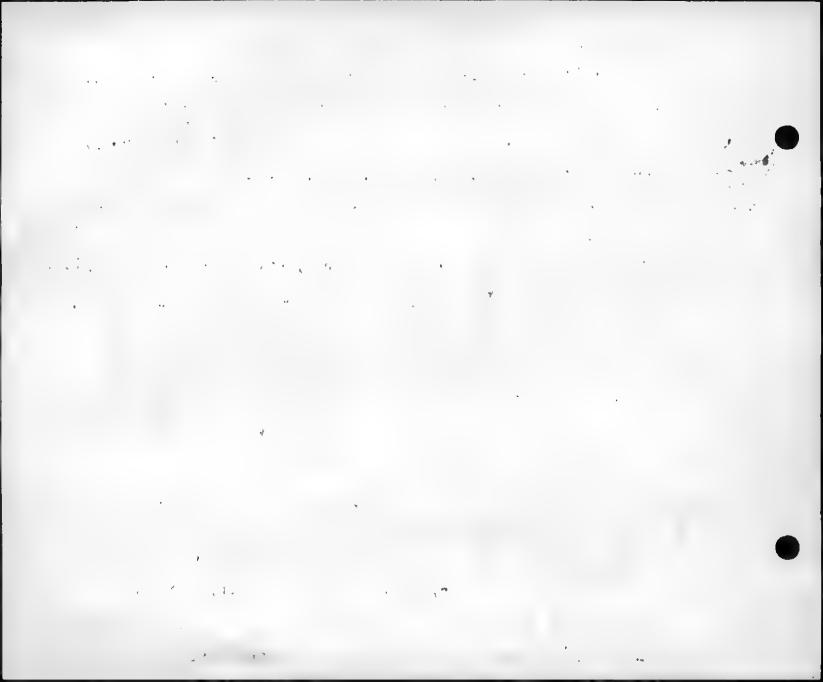
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VR A15 (4) 30M REV 1/68

Marshall W.

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	CEASED-NAME	. ()	First		Middle		Lost		20. DATE C			u	2b. HOUR
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3. SE	Χ		4. F	ACE			S. DATE OF B	IRTH		6 AGE (In ye		F JNDER I YEAR	IF UNDER 24 HRS.
	MAL	E		NEGI	20		12/	22/9-	3	lost birthdo	YRS MC	ONTHS DAYS	HOURS MIN
7o. (cour	BIRTHPLACE (Sto etry)	ote or foreign	1 7b. Cl	FIZEN OF WHAT	COUNTRY?		NEVER MA	KKIED	COUNTY O	F DEATH			
	UTH CA	ROLIN	A	4.5	8	WIDOWED	LANC.	RCED 🗍		imore			Md.
	ount		n	give sfree	OF HOSPITAL OR INSTI t address) Wilson		Hospitol			N (Kind of wor g life, even if re		126 KIND OF B INDUSTRY	USINESS OR
130	USUAL RESIDE	NCE (Where o	leceosed live	d, if institution:		13c. CITY O		138 INSIDE CITY LIMIT		STREET AND NUM	MBER		
1	ssion) STATE	AND	V	. COUNTY .		BALT	MORE	YES NO	12	38 EAST	EAG	ER STI	REET
14. [ATHER S NAME	First		Middle	Lost	1	S. MOTHERS M	AIDEN NAME Firs	1 _	N	Addle	1	Lost
	CHI	4RLES	2		WATSON			ANN	IE			(7)
160	WAS DECEASED	D EVER IN U.S	S. ARMED FOI	4	SOCIAL SECURITY NO		INFORMANT				ddress		
	es, ne, or unkno	Davit)	7 g-74 WG 01 0010	21	16-03-468	6-A R	ecords	, Mt.	Wils	on Sta	ate H		
				couse pe <u>r lin</u> e fo	or (o), (b), and (c).)	1	0			_			ATE INTERVAL ISET AND DEATH
	PART I.	DEATH WAS (TAUSED BY; IMEDIATE CAU	SE (o) Far	advan	ced	rule	werar	y, I	when a	ilve	0	4800
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	Conditions, if			(b)									
	rise to imme stoting the u				CONSEQUENCE OF								
	last.		—)	(c)									
	PART 2. OTHE	R SIGNIFICAN	IT CONDITION	S CONTRIBUTING	TO DEATH BUT NOT	T RELATED 1	O THE TERMINA	IL DISEASE OR CO	NDITION GIV	EN IN PART 1(o)		
22	Doro	chet	es 1	mell	tus								
JAT10	190. DATE OF C	PERATION	19b. CONDIT	ON FOR WHICH O	OPERATION WAS PERF	FORMED	20o. AUT	OPSY?		IF YES, WERE FIL	NDINGS CON	ISIDERED IN CE	RTIFYING
TIFIC							YES [NO T	CAUS	ES OF DEATH?			
GE .	210. ACCIDEN		1.	21b. TIME OF INJ		21c. h	IOW INJURY OC	CURRED (Enter n	noture of in	jury in Port 1 or	r Port 2, Iter	m 18.)	
MEDICAL CENTIFICATION	OR CONTRIBU			HOUR A.M. M P.M.	lonth Doy Yeor								
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	saw t	220. I certify that (I) (this hospital) opened the deceased from Adams and the deceased olive on 1969, and that in (my) (our) apinion death occurred on the date and hour and from the											
	COUSE	s stated a	bave, (I) (we) (did) (dic	nat) view the b	ody after	death.	,,, (oo,, op	1011 400111	01101101	inc acio	0110 11001 0	ne nom mo
	22b. SIGNATUI	RE A	A				ATTENDI	MC — HEI		STACE	22c DA	TE SIGNED	
		MY	UN	Zame.		DEG	REE PHYS.		ECTOR X	I STAFF C]		
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	NAME ()	Abe) Mil	llam	Newco	mer, M.	U.	Mot	INT WIL	son,	Mary	and		
230	BURIAL, CREM		23b DATE		23c. NAME OF C			1	23d. LOCAT	ITON (City of Tov	wn)	(County)	(Stote)
	BEMOVAL (Spi	AL	2-6	-69			ARY	CEM		4. Co.		ry LAN	4 2
24.	FUNERAL DIREC	CTOR _	1111	~	ADDRESS	1735	10	2So. REC'D BY	REGISTRAR	2Sb. REC	GISTRAR'S SI	GNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82170 02165 CERTIFICATE OF DEATH DECEASED-NAME Frst Middle 20 DATE OF DEATH Last 2b HOUR ficate be executed within 24 haurs after Teath pu (Type or pnnt) February Month 14, Doy 1969 ear WATSON MATILDA Byrd 4. RACE 6 AGE (In years 8sh birthdoy) S DATE OF BIRTH Fema le White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wirginia Baltimore WIDOWED 🔀 DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address)
4109 Essex during mast of warring life, even if retired.) INDUSTRY Lochearn Road 130 USUAL RES DENCE (Where deceased tived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 926 Second Street Pocomoke any (14 FATHER'S NAME IS MOTHERS MA DEN NAME First First Last Middie Lost Thomas Elizabeth Byrd Turner 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 213-50-8665 Watson Funeral Home, Pocomoke City 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c))

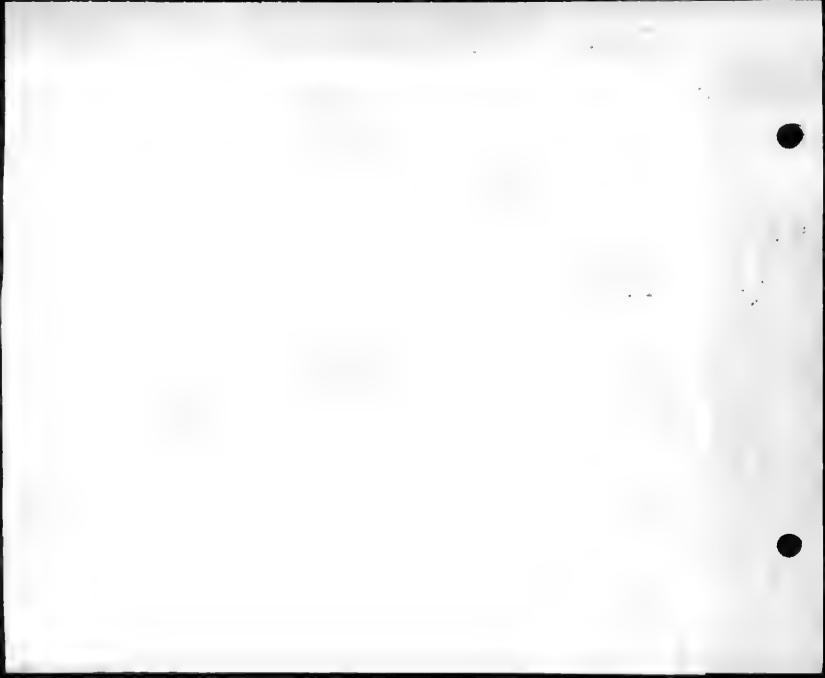
** PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o)

** PACT 1. BETWEEN ONSET AND DEATH Conditions, if gry which gave) ASCUO rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician O FUNERAL DIRECTOR: After this certificate has been signed by PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d far use as the af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO 🔀 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical exominer) 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21t LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 1 = 7 , 19 67, ta 1 - 74 , 19 67, that (I) (we) last saw the deceased alive an 2 - 70 19 67, and that in (my) (our) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (6 d nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR directar, page 3 shauld be filed v DEGREE 22d. PHYS CIAN S 22e ADDRESS NAME (Type) Dr. Lawrence F. Solomon 3600 Lochearn Drive, Baltimore, Md. 23c, NAME OF CEMETERY ON DEDICATION 23b DATE 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) Salem Methodist Pocomoke City-Wor.-Md. 2-16-1969 250 REC'D BY REGISTRAR 25b REGISTRAR S S GNATURE DAFEB Som Pocomoke City. Md. (Cherrie Vacace



	AND STATE DEPARTMENT OF HEALTH
92171	CERTIFICATE OF DEATH
NEI NAME OF DECEASED	2. DATE AND HOUR OF DEATH
TI. NAME OF DECEASED RAE WAXMAN RACHAEL) RAE WAXMAN A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	FEBRUARY 13, 1969 10:15 P.M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, finstitution; tesidence before admission) A, STATE B, COUNTY
BALTIMORE COUNTY E FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE	STREET MARY LAND
FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION TO THE PROPERTY OF THE PR	C CITY OR TOWN
TE PER 7010 CONCORD ROAD	BALTIMORE YES NOTE
within man within	7010 CONCORD ROAD
	15 AGE (la voers 15 Hoder 1 Yr. 11 Under 24 Hrs.
	lost birthday) Months, Days 1 Abuls, William
FEMALE WHITE WIDOWED DIVE	
Edone duting most of working life, even if retired	BALTIMORE, MARYLAND U.S.A.
SEE HOUSEWIFE AT HOME	14. MOTHER'S MAIDEN NAME
FEMALE WHITE WIDOWED DIVISION OF BUSINESS OF COUNTY OF BUSINESS OF	LIZZIE ?
AARON KURI ZWI LE	17. INFORMANT ADDRESS
SECURITY	
CAUS	MRS. BEVERLY BAUMOHL, 7010 CONCORD ROAD #8 E OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthema, etc. Il means the disease, injury of complication which coused death.)	Or DEATH
LEADING TO DEATH	IMEDIATE CAUSE Heal My Ocardial Infantion 1 hr
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows a sthema, etc. II means the disease, print of the consequence of the consequ	UE TO, OR AS A CONSEQUENCE OF:
heart foilure, asthema, etc. It means the disease, injury or complication which coused death.)	1, 10,000
MANTECEDENT CAUSES ON OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS OF THE TERMINAL	Denne AS HD, generalized a theosethois 10 mg
DISEASES' OR CONDITIONS, if any, giving	JE TO OR AS A CONSEQUENCE OF
UNDERLYING CONDITION last. (C)	distrito mellitus 28 718
UNDERLYING CONDITION lost. (C)	
S S S S S S S S S S S S S S S S S S S	AA
22. I sertify that (1) (this hespital) attended the decesse	od from 2/13 1969 to 2/13 1969.
that (I) (we) last sew the deceased alive on	2/13 1969 and that in(my) (our) aplinian death accurred on the date
that (1) (we) last sew the deceased alive on) (did not) view the body ofter death.
TE DE SEE 23A. SIGNATURE	23B, DATE SIGNED
	Attending Phys. Amending Phys. Director Phys. 2/14/69
Z3C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
STANLEY M. ROSEN 23C. PHYSICIAN'S NAME (Type) STANLEY M. ROSEN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	GEGREE 4000 W. NORTHERN PARKWAY
24C. NAME of CEN	METERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
PUDIAL O 14 10 DEPORTE VAL	UNG MEN BALTIMORE, MARYLAND
VR AIS DATE REC'D BY HEALTH DEST OF REGISTRA FEE 18 1969	
TEL 10 1909	SOF TEATHSON & OKCO.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02167 25. HOUR 30, DECEASED-NAME First Middle East 2g. DATE OF DEATH death. 24 hours after death and (Type or print) WEAGLEY 69 WILMA BIRELEY 4 RACE IF JNDER I YEAR 3. SEX DATE OF BIRTH 6. AGE (In years IF LNDER 24 HRS last birthay) HOURS FEMALE 7a. BIRTHPLACE (State or foreign COUNTY OF DEATH 7b. CITUZEN WHAT COUNTRY? 8. MARRIED NEVER MARRIED the attending physician and cample ely filled in set to be personal to be persona country) WIDOWED DIVORCED 10. CITY OR YOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL 26 KIND OF BUSINESS OR The law requires that the death certificate be executed within TOWSON CEN. burial, cremation, ar remaval, and in any event, 130. USUAL RESIDENCE Where deceased lived, if anstitution. Residence before rreencas 14 FATHER'S NAME Middle Last 1S. MOTHER S 160 WAS DECEASED EVER IN ILS. 17 INFORMAND Yes, po. or withown) (if yes give wer or doles of service) 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
TITLE R
FA BETWEEN ONSET AND GEATH FAILURE LIVER IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) ACUTE YELLOW ATROPHY burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l Page 4 may be retained by the haspital or attending has been MUCOEPIDERMOID CARCINOMA OF PAROTID GLAND 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YESXCX Health ! NO [__ this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov d, (If either, notify medical examiner) director, page 3 should be detached should be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark After 22a. I **certify** that (X (this haspital) attended the deceased from January 8, 1969, ta Feb. 8, 1969, that (X (we) last saw the deceased alive an Feb. 8 19 69 and that in (my) (84) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated above, (1) (stat (did) (detact) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 2-9-69 DEGREE PHYS DIRECTOR 22e. ADDRESS 6701 N. NAME (Type) Dr. 21204 Charles BROWN, M.D. Charles (County)

VR A15 (4) 30M REV 1/68



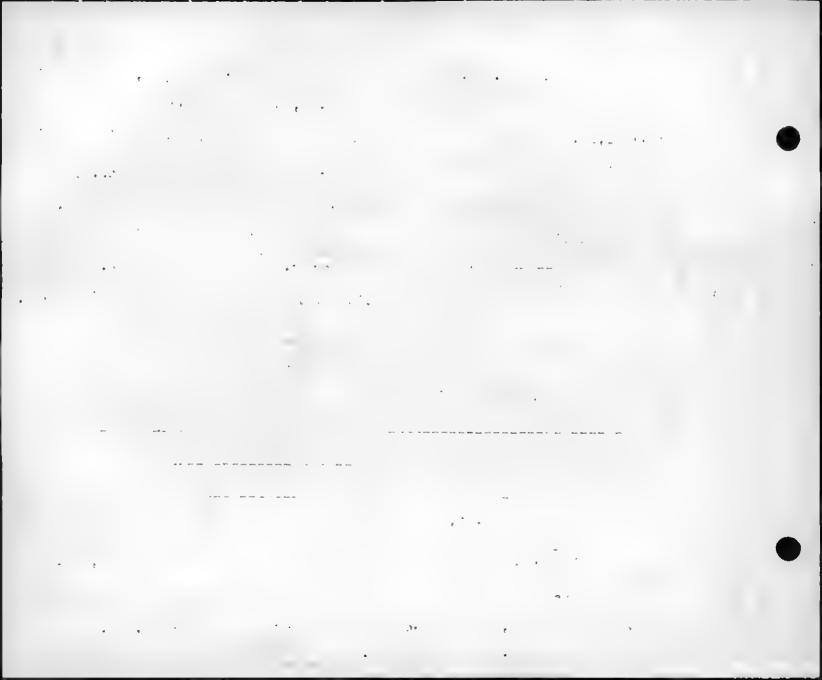
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	301 W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201									
(1211)	CERTIFICATE OF DEATH		02163								
1. DECEASED-NAME First Middle	Last	20. DATE OF DEATH	2b. HOUR								
(Type or print) Theresa C. Weber		Feburary 9, Dayl	96900 470								
3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF JHDER I YEAR IF UNDER 24 HRS								
female white	Aug. 15, 1901	lag by thday) YRS.	MONTHS DAYS HOURS MIN.								
7o BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9.	COUNTY OF DEATH									
Scranton, Pa. USA	WIDOWED DIVORCED	Baltimore Coun	ty								
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INS		OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR								
Parkville (9ve 5006)½) Lav		t of working life, even if retired)	At Home								
130. USUAL RESIDENCE (Where deceased lived, functitution Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMIT	_									
	barkville x	X 3000% Laveno									
14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME Firs		Lost								
John Sheridan		ily									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give wor or dries of service)		Address									
201 01 40)46A Wilfred B. Web	er Juuz miss av	APPROXIMATE INTERVAL								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d). PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND CEATH										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosc	yrs.										
DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if any, which gave) rise to immediate cause (a), (b)											
stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
lost. (c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
Diabetes Mellity	HEIDERED IN CENTERANC										
190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING								
L	YES NO										
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ☐ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year		noture of injury in Port 1 or Part 2, It	em 18)								
(If either, notity medical examiner) P.M 15)										
21d. INJURY OCCURRED While Nat while	216 LOCATION Street or R.F.D. No	City or Town	County State								
at wark at work	16 1006	106 B 106	O AL . (1) (20 L)								
sow the deceased alive on Feb.	22a. I certify that (I) (this hospital) attended the deceased from Jan 3 , 1966, take 8 , 1969, that (I) (We) la										
causes stated above, (1) (we) (did) (did not) view the	sow the deceased alive on Feb. 81969, and that in (my) (20%) opinion death occurred on the date and haur one causes stated above, (I) (we) (did) (ded not) view the bady after death.										
22b. SIGNATURE	22h SIGNATURE 1 22c DAT										
feloder ollus	DEGREE PHYS DIR	ECTOR D STAFF D Fet	10, 1969								
22d. PHYSICIAN'S	22e. ADDRESS										
NAME (Type) Sebastian Russo		ford Road									
	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)								
	ns of Faith Cem	Baltimore Co. N	ld.								
24 FUNERAL DIRECTOR ADDRESS	2Sa. RECID RY	REG STRAR 1989 REGISTRARS	GNATURE LEAGUE								
Dippel Brothers Inc. 7110 Belai	r Rd. DATE FED	ו בסבו פ ב	The same of the same								

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then piece remaye carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death. JOM REV. TOB

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82174 02169 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR in gad-campletely filled in by the funeral se remaye carban papers. Pages 1 and 2 d'ia any event, within 72 haufs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Month 1146145 WEINSTEIN 6:03D 3. SEX 5. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR last burthday) MONTHS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8 MARRIED IN NEVER MARRIED country) Baltimore County, WIDOWED [DIVORCED [120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working fe, even it retired) Mount Wilson 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 38. HISTOE CITY-EIMITS? 13e STREET AND NUMBER 13b COUNTY & NO and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME WEINSTEIN **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicial director, page 3 shauld be detached far use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY HRONIC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) 1-HONARY FIBROSIS TINKNOWN ELIOUS rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be intained by the haspital or attending playsician. stating the underlying cause PUC- FLONAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F D No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 9/16, 1964, ta 2/3/, 1964, that (I) (we) last saw the deceased alive an 2/3 1964, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mount Wilson. Newcomer 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote)

30M REV, 1748

ADDRESS FUNERAL DIRECTOR LEVINSON & BROS., 6010 REISTERSTOWN ROAD

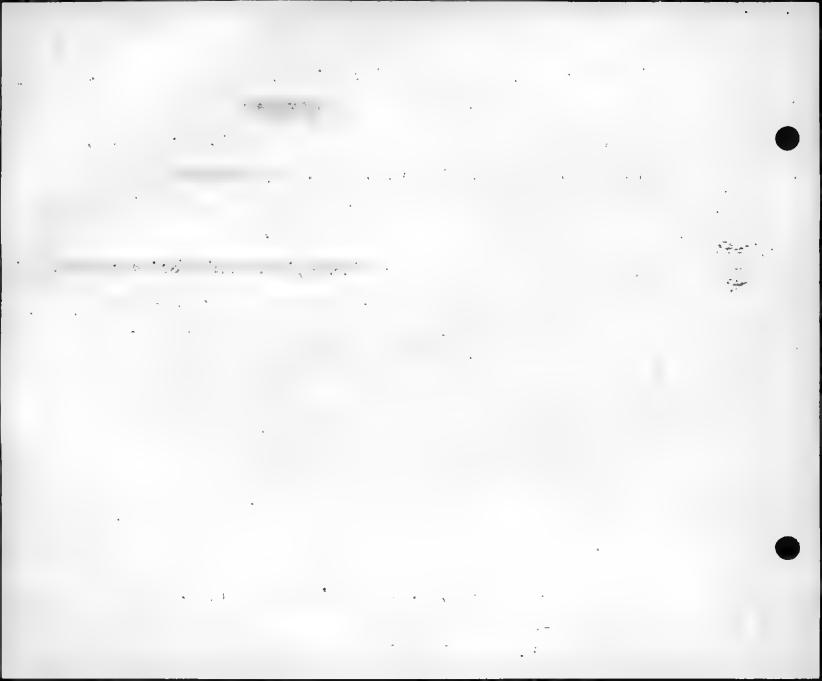
2-4-69

NEW HAR SINAI

GARRISON 2So. REC'D BY REGISTRAR 1969

2Sb.

MARYLAND





O FUNERAL DIRECTOR: After this certificate has been be retained by the haspital ar shauld director, page 3 sha shauld be filed with O HOSPITAL

22b S GNATURI

22d. PHYSICIAN S

230 BUR AL CREMATION

Burial (Specify)

FUNERAL DIRECTOR

NAME (Type

Loring Byers Chapel 8728 Liberty Road 21133

23b DATE

causes stated above, (1) (we) (did) (did not) view the pody after death

Mt. Olive Cemetery

ATTENDING

22e. ADDRES6

PHYS

23c NAME OF CEMETERY OR CREMATORY

Randallstown 250 RECD BY REGISTRAR

23d LOCATION (City or Tawn)

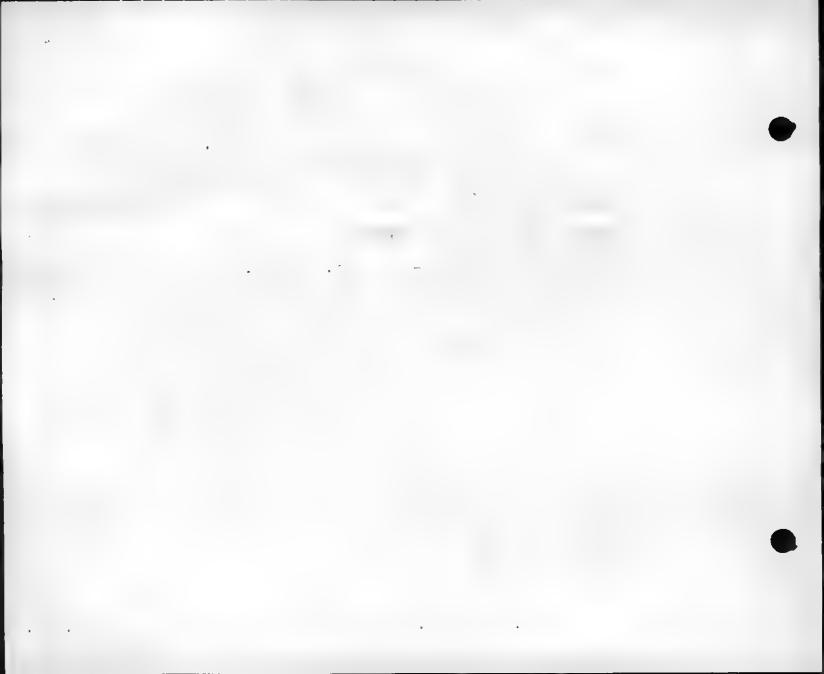
MED DIRECTOR

REGISTRARIA SIGNATUR

(Stote)

22c DATE SIGNED

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH L. DECEASED-NAME First 20. DATE KNOWN (Type or Print) OF 3 ta 5 DEATH MATED FC B with the Stote Deportment 4 RACE of UNDER 24 HRS 3 SEX S DATE OF BIRTH 6. AGE in years 2c DATE PRONGUNCED DEAD 2d HOUR puo P.M3 7a. BIRTHPLACE (State or foreign MARRIED ANEVER MARRIED 9 COUNTY OF DEATH in Item 18. Give Pages 1, country) U.5 BALTO. DIVORCED [WIDOWED [] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP, TAL OR INSTITUTION (If not in hospital 120 USJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) ESSEX during most of working life, even if retired) INDUSTRY GOVEH HOUSEWIFE 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 136 COUNTY BALTO ESSEX YES NO IZT 7602 GOVEH 24 hours pages 1 and 2 ofter 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME OLIVE CHARLES POOLE MAUGANS 160, WAS DECEASED EVER IN L. S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT in pencil (Yes, no. or unknown) (If yes give wor or detes of service) GEORGE 1EDL-ROCK ABOUR APPROXIMATE INTERVA. within be exeruted 18. CAUSE OF DEATH (Enter only one couse per light permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE event Conditions, if ony, which gove rise to immediate couse (a), This certificate should writing the word stoling the underlying couse forworded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) cremotion, or removol, 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificote, 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b TiME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING **CAUSE OF DEATH** 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D No City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection [aoinigo ym ai baa. deoth resulted-from: Accident . Suicide Homicide CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth (ADDRESS(Street, city, tawn, or county) NAME (Type) BUR, AL CREMATION. 23d OCATION (City or Town) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 300 25b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

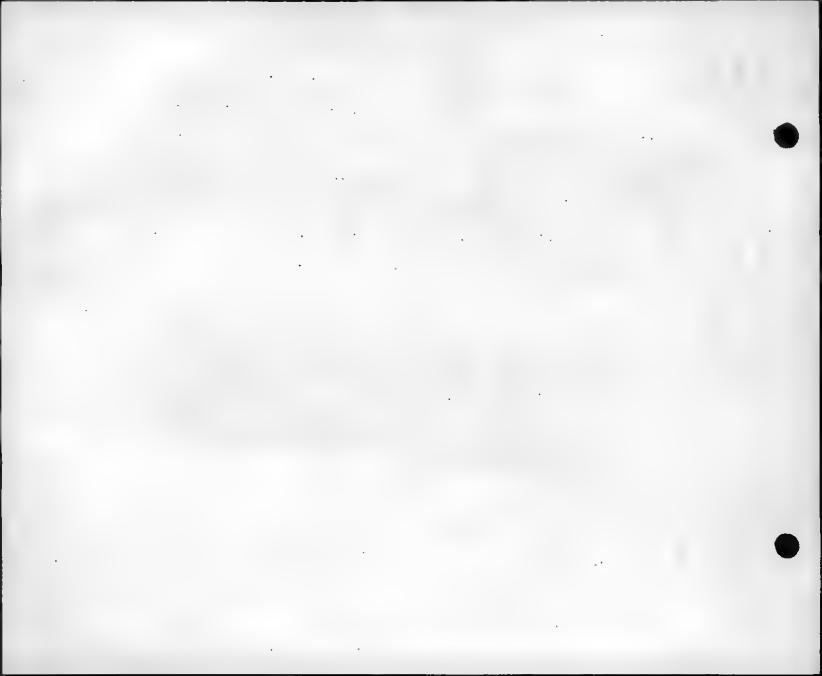




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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a DATE OF DEATH 2b HOUR (Type or print) OBCRT 3 SEX A RACE S DATE OF BIRTH executed within 24 haurs after 6 AGE (n years IF LINDER YEAR last_birthday) MONTHS ! please remave carban papers Pa I, and in any event, within 72 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country and campletely filled in DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 12a USUAL OCCUPATION (Kind of work done during mast af warking ble, even if retired) Carren 13a USJA, RES DENCE (Where deceased fived, if institution 13d NSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 14. FATHER'S NAME Last Middle Last tificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes give war or dates of service) burial, cremation, ar removal, APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY FAILURG IMMEDIATE CAUSE (a) Canditians, if any, which gave) signed by the burial-transit p ARTIO SCLEROTIC CARDIO VOSCULAR r se ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) far use as the b f Health priar ta b BLEEDING has been TRACI 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year if either, natify medical examiner) TO FUNERAL DIRECTOR: After this cendirector, page 3 should be detached should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D., No. City or Town County State While Not while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased from 10/23/67, 19 _19 65, and that in (my) (aux) opinion death occurred on the date and hour and from the saw the deceased glive on causes stated above, (1) (wa) (aid) (view the body after death. 22b SIGNATUR 22c DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type)



y 1	I	tem6 FilmGhlo /7/69 kk	m N OF VITAL R	ECORDS, 301 W.	E DEP PRESTO	AKTMENT OF N N STREET, BALTII	IEALIM MORE, MARY	LAND 21201			
FOR STATE	3,	1709 KR 1218	# MEDI	CAL EXAMINE	R'S C	ERTIFICATE (OF DEATH		n	יו ליו זי פו	9
HEALTH DEPT.		ECEASED NAME FIR	st	Middle		Lost			Month Day		26 HOUR
ay is 3 to Page ant of	, \	ype or Print) M	ARTE	A,		WILLIG		OF ESTI- DEATH MATED 🔣		19	1
ny delay is 2, ond 3 to PM3. Page	3. 5	X 4. RACE	S DATE OF BI		E (n years t birthday)	IF JINDER YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS I MIN	2c DATE PRONOUNCED			2d HOUR 3 : 45
y delty ond PM3.		female white	3-19-		82 YR		rights lim	Month February	y 17,	Yeor 19 69	p. 4
		BIRTHPLACE (State or foreign	76 CITIZEN OF W		å M	ARRIED NEVER MARR	RIED 🔲 9. CO	UNTY OF DEATH			
ages 1,	coun	Dairos ous	U.S.					Baltimore			М
Give Pages ong with fo ith the State	10. C	ITY OR TOWN OF DEATH		NAME OF HOSP TAL OR I street oddress)	NSTITUTIO	N (If not in haspital	during master	CCUPATION (Kind of wark	tured 1 INDL	KIND OF BUSH	VESS OR
offer deof 8. Give Pac olong with with the St		Fullerton		Box 313		roeder Ave	INSIDE CITY LIMITS?			rnouse	wile
s often 18. Girl olong with death.	130	USUAL RESIDENCE (Where dece imission) STATE ary Land	13b COUNTY Balt	utian: Residence befor			YES NO 🕞	13e STREET AND NUMBE		1 -	
N		aryland ATHERS NAME First	Balt		1	IS MOTHER'S MAIDE		1 - TANA A TA		der Lar	<u>re</u>
	14 6	Augu		Eisne		15 MUINER'S MAIDE		izabeth		Schwar	tz
hin 24 ncil ın niner s pages hours	160.	WAS DECEASED EVER IN U.S. ARMEI		16b. SOCIAL SECURITY	NO ON	17 INFORMANT		ADDRESS		2, 1	26
	- (1	es no, ac unknown) (If yes gr	re war or dates of service)	None		Mrs Mar té	n .Will	ig Box 113	Schroe	der La	23
ite should be executed with the word "pending" in ped to the Chief Medical Exara buriol-transit permit. File and in any event within 72		18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and (c)	.)					APPROXIMATE II BETWEEN CINSET A	NTERVAL UND DEATH
e executed pending" in ef Medical E sit permit. F vent within		PART I. DEATH WAS CAUS	ALE CAUSE (a)	Arteriosc	<u>lero</u>	tic Cardio	vascula	r Disease			
ex end if p		4124		R AS A CONSEQUENCE O	F						
l be J 'pe Chief ransi		Conditions, if any, which gave rise to immediate cause (a),	(e)								
should e word o the Cl ouriol-tr		stating the underlying cause last.	DUE TO, O	R AS A CONSEQUENCE O	F						
she whe was to the buri			(c)		T Dri ATro	70 507 7701011					
This certificate should icate, writing the word be forwarded to the C d be used as a buriol-tr or removal, ond in ony		PART 2. OTHER SIGNIFICANT COM	DILIONZ CONTR. BO	TING TO DEATH BUT NO	5 KELATED	TO THE TERMINAL DIS	EASE OR CONDIN	ON GIVEN IN PART 1(d)			
rrtifi rritir vara ed c ed c	NO.	19g DATE OF OPERATION		19b. CONDITION FOR	WHICH OF	ERATION				20 AUTOPSY	?
this certificate, writing forward forward be used to removal	CERTIFICATION			WAS PERFORMED	?					YES 🗍	но 🔀
NER: This should be should be files. Should be should be otion, or r		210 EXTERNAL CAUSE WAS	216 TIME OF	FINJURY Month, Day, Ye	Of	21c. HOW INJURY OCCU	URRED (Enter nat	ure of injury in Port 1 or	Part 2, Item (16-23
INER: The certification is should be files. 3 should be notion, or a	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH		.M. 19							
	WEI	2 d INJURY OCCURRED 21e	PLACE OF INJURY	(At hame, farm, street,		21 LOCATION Street or	R F D. No	City or Town	Co	ounty	Stote
DEPUTY DICAL EXAMINER: stessary, please execute the certie of functional director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation,		AT WORK AT WORK	actory, office buildi	ng, erc.)							
L EXA cecute Page for you DR: Pag		22o. I certify that I	took charge of	the remoins describ	ed obov	re, held an Autop:	sy 🗍, 🗼 ln	spection X Inqu	יוע קיינע,	and in my	opiniar
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TY ple prol di SAL DI prior		SIGNATURE (LEV)	you	100		M.D ASSIST	TANT MEDICAL EX	AMINER 2	2b DATE SIGN		
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necessary, in the funeral 5 may be roo Funeral Health price.		NAME (Type)			r Pherwon		ESS(Street, city, to				
5	23q	REMOVAL (Specify)	DATE			Y OR CREMATORY		LOCATION (Gity or Town			ate)
	24	E IMEDAL DIDECTOR	2-18-196	ADDE	řec	,	emetery	erry Hal	STRAR S SIGN		md
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ARABAM AND ATTER BERARDING



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02182 02178 CERTIFICATE OF DEATH 1. OECEASED NAME First Lost 20 DATE OF DEATH 2b HOUR (Type or print) Month Adolph Wohlmuth 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR MALE W HITE MONTHS HOURS 7o. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) U.S.A. Baltimore Austria WIDOWED [7] DIVORCED [7] 10. CITY OR TOWN OF CEATH 12o USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital requires that the death certificate be executed within give street oddress)
Professional House during most of working fe, even if retired)

merchant Pikesville ond in ony event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, City OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER physicion and complet Lab. COUNTY pleose remove Baltimore Emerson Hotel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Wilhelm Wohlmuth Rosa Bledy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address APT. E 2 Yes no, or unknown) 219-32-3265 MRS. OTTO WOHLMUTH. 6414 PARK HIGHTS. AVE. 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) THE Canditions, if any, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been the Heolth prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** K ON YES 🗀 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 2 d. IN. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram— saw the deceased alive an 213 1969, a 2 19 67 to 1969, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE ATTENDING DEGREE director, poge should be filed DIRECTOR 22d PHYSIC, AN S 22e ADDRESS NAME (Type) 4000 W. Northern Parkway Stanley M. Rosen, M.D. 23d .OCATION (C ty ar Town)
BALTIMORE, MARYLAND 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, (State) REMOVAL (Specify)

BURTAL

FUNERAL DIRECTOR HEBREW FRIENDSHIP 2-7-69 ADDRESS 25b. REGISTRARASAGNANAMA BOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD



ADDRESS

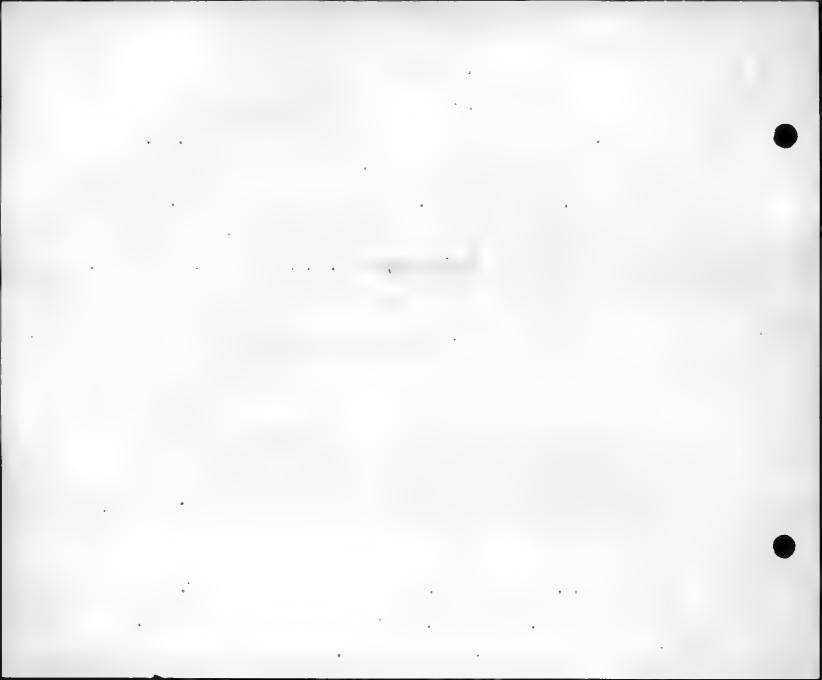
Tipton - Eline Funeral Home Hampstead, Md.

25g RECD BY REGISTRAR

DATE FEB 1 3

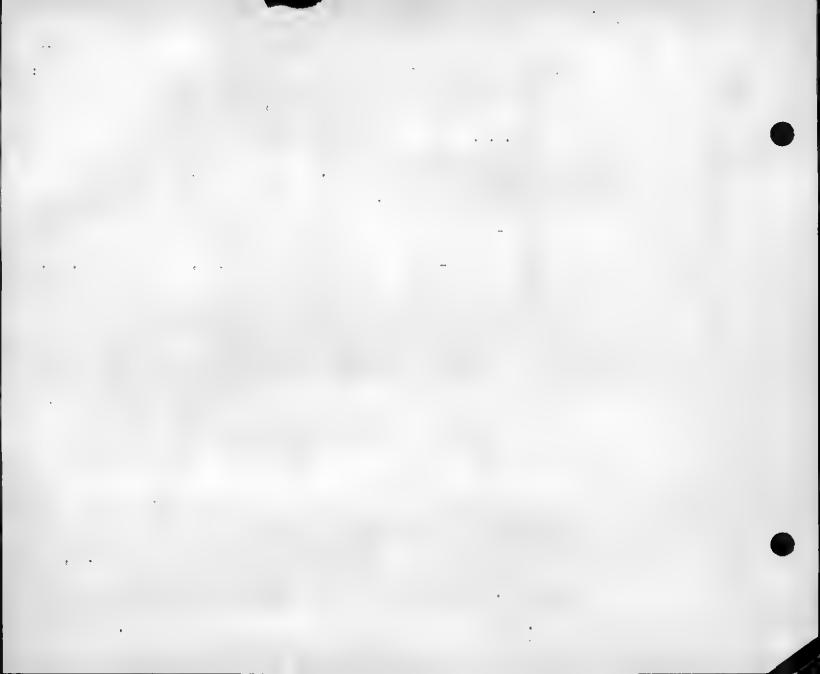
2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR



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100	I	tem23 FilmG409 2		CERTIFICATE OF DEATH	MORE, MARTLAND 21201	02181
de of the state of		Type or print) AlVert	t (Alvx rt) Vernon	Last	20. DATE OF DEATH Manth 2 Do	26 HOURA
A Paris	3. 5	EX Male	4 RACE	S. DATE OF BIRTH June 6, 19	6. AGE (In years last berthday) YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
24 hour	COA	Maryland	75. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	COUNTY OF DEATH Baltimore	N
within within		Owings Mills	5 / give street address) Rosewood S	tate Hosp.	OCCUPATION (Kind of work done st of work no life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
compression y even y	gon	Maryland	d lived, if institution: Residence before 13th COUNTY Anne Arun	dal Deale YES NO	TOO STITLE THE HOUSE	
be execut on and com se remove d in any ev	·	father s NAME First Samue			stelle - Middle	KNOPP
striftcate be exphysicion and en please removal, and in on	160	WAS DECEASED EVER IN U.S. ARME (es, na, ar unknown) (4) yes give wer 110	D FORCES? or dollas of service)	NO. 17 INFORMANT Rosewood Re	Address ecords, Owings	Mills, Md. 213
low requires that the death certificate be executed within 24 hours nding physician. been signed by the attending physicion and completely filled in by as the burial-transit permit. Then please remove tarbar papers. Polar to burial, crematian, or removal, and in any even within 72 hours		PART I. DEATH WAS CAUSED	E CAUSE (a) LICLUSE NS C	retizing broneli	ti bilakeral	BETWEEN ONSET AND DEATH
nat the		Conditions, if any, which gave nse to immediate couse (a),	DUE TO, OR A A CONSEQUENCE OF	un of Castric	Contents	3 Rays
equires the physician signed by burial-tro burial-tro burial-tro		stating the underlying cause last	(c) COLOR T NO TO DEATH BUT N	or related to the terminal pisks so byto	ilice arterit	is 2 Month
The low req ottending p hos been si se as the b.	MOIN	110 Shelukeon	alized die S ONDITION FOR WHICH OPERAT ON WAS P.	sever mental to be	20b. IF YES, WERE FINDINGS	Moulty
t: The protect of the	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		YES NO 21c. HOW INJURY OCCURRED (Enter of	CAUSES OF DEATH?	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d INJURY OCCURRED 21e. Pl	r) HOUR A.M. Manth Day Year	9 211 LOCATION Street or R.F.D. No	City or Town	Caurty State
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OR ATTENDIN be retained by tIRECTOR: Afre e 3 should be ed with the Sta		couses stated above	ve on 2/1/69 (I) (we) (did) (glid not) view the	ed from 12/31, 19 6 19, and that in (my) (our) opin body after death	ion death occurred on the do	ote and hour and from the
		22b SIGNATURE Classic Physician's	1 Jane		D STAFF 22c	DATE SIGNED 7, 1969
O HOSPITAL Page 4 moy O FUNERAL I director, pog should be fil	22-	NAME (Type) Richa:	rd A. Jones		od State Hospita	
TO He Page direct short	ž	BURIA, CREMATION, 23b DA REMOVAL (Specify) FUNERAL DIRECTOR	.9.1969 Woodf	ield Cemetery	23d LOCATION (City or Town) Galesville A.	(County) (State)
VR A15 (II) 45M - 1 / 69	1	HOTE TO	The Me 12 14	Right The EB 13	REGISTRAS	Signator



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

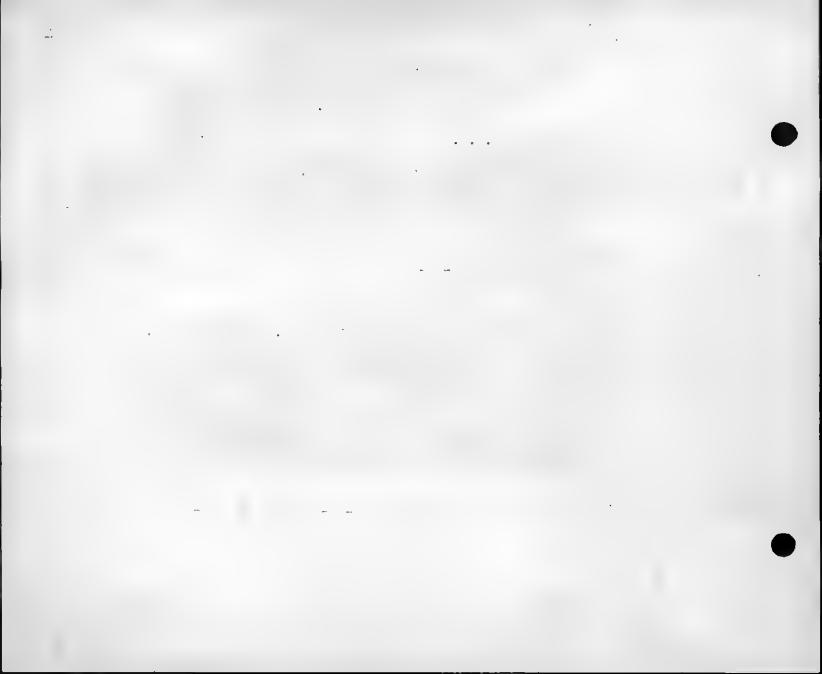
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_ ~ .			CEASED-NAME	First	Middle	Lost	20	DATE OF DEATH		2b. HOUR
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- F		3. SE	Х	4 RACE		S. DATE OF I	BIRTH	6. AGE (In years	F JNDER 1 YEAR	IF UNDER 24 HRS.
ges			Female_		Cauc.	2	/19/69	lost birthdoy)	/RS. MONTHS GAYS	10 Min 30
Par		70 F	BIRTHPLACE (State or foreign	n 7h CITIZEN	OF WHAT COUNTRY?			OUNTY OF DEATH	K3. [21 30
⊆ 55 <u>4</u>		cour		70. 011221	// C /	8. MARRIED NEVER MA	ORCED C	Baltimore		
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nsician ord campletely filled in by the fur please remave carban papers. Pages 1 II, and in any event, within 72 heurs after	12		ssion) STATE M	13b, col		BA/to.	YES NO	1632 Ab	ENCEN	Rd.
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signed by the attendir burial-transit permit. burial, cremation, or re			7901		/	Lemacuilly				
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호 함 8			stoting the underlying lost.	Tonse Dut I	O, OR AS A CONSEQUENCE OF					
io le				,	(1)					
			PART 2 OTHER SIGNIFICA	NI CONDILIONZ CO	NTRIBUTING TO DEATH BUT N	OF KELATED TO THE TERMIN	AL DISEASE UNCONDI	HUN GIVEN IN PARE 1(0)		
ficate has been s for use as the k f Health priar ta b		80			placenta					
s bi	,	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PE			20b IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CE	RTIFYING
se st		RIF				YES [NO 🗆		es	
ote r u eal			210. ACCIDENT WAS UNE		TIME OF INJURY		CCURRED (Enter note	ure of injury in Port 1 or Par	t 2, Item 18)	
語も是		ASIC.	OR CONTRIBUTING CAUS		R.A.M. Month Day Year P.M.					
cer there		MEDI	21d INJURY OCCURRED		VJURY (AT HOME FARM, STREET, FAI OFF CE BUILDING ETC		et or R.F.D. No.	City or Town	County	Stote
his Deg			of work Of work		OFFI CE BUILDING ETC	1				
ofter this certi be detached State Dept. at				1) (this haspita) attended the decease	ed from 2	71.9 1969	. to 2/20	19 69 that	(I) (we) Inst
春点なり			saw the decea	sed alive on	l) attended the deceas	9 69, and that in (r	ny) (our) opinior	deoth occurred an the	e dote and hour o	nd from the
# gg # .			cau s es stoted	above, (I) (we)	(did) (did nat) view the	body after deoth.				
日本意			22b. SIGNATURE	/	7,	ATTEMO	INC — MED	STAFF	22c. DATE SIGNED	
e 3 e 3 e 4			+ Then	3. 840	laws, Ul	DEGREE PHYS.	ING MED. DIRECT	OR STAFF	2/21/6	9
pag fig			22d. PHYSICIAN'S			22e AD				
9. E	1		WAME (Type)	John E. A	Adams, M.D.		6701 N. C	harles Stree	t	
TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar ta		230	BURIAL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23	d LOCATION (City or Town)	(County) /	(Stote)
○ = ≅			REMOVAL (Specify)	2/27	169. BAITO	NATIONAL	CEM.	BAITO	· MV.	
	00	24,	FUNERAL DIRECTOR /	70	ADDRESS		25a REC D BY RE	GISTRAR 256 REGISTR	AR'S SIGNATURE	
VR A15 (1 30M REV 1	XXX	1	EONARd	J. KUG	CK, INC. BA	150 Md. 21216	THER S 8	1969 /Clia	was Judas	٠ :
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02188 02184 CERTIFICATE OF DEATH DECEASED NAME First Middle funeral 3 1 and 2 ter death. Last 20. DATE OF DEATH 2b. HOUR 11:55P executed within 24 hours after death (Type or print) Month -69 Day Wright Clarence Leslie hours after 3. SEX 4 RACE 5. DATE OF BIRTH F LINDER I YEAR 6 AGE (In years IF LINDER 24 MRS. completely filled in by the foote carban popers Poges White Nov. 17, 18 Male 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Havre deGrade Baltimore U.S.A. WIDOWED DIVORCED [ban pop 10 CITY OR TOWN OF DEATH 12a USBAT OCCUPATION (Kind of work dane during photograph warking free, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Gye street oddress)
Spring Grove State Hosp. Catonsville event, 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY L MITS? Have deGrace attending physician ond co permit. Then please remo-on, or removal, and in any IS. MOTHER'S MAIDEN NAME First Middle Wright Irvin , Martha John 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Il yes give war or dates of service) Yes, no, or unknown) Grove State Hospital 218-32-2276 Spring APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Coronary Insufficiency IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave MArteriosclerious with Poss. Rupture of abd. aneurysm buriol-trans.* rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying coused (Semile Condition PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been as the Heolth prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TE 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) Į0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year (If either, notify medical exominer) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21F LOCATION Street of R.F.D. No. City or Tawn County Stote While Not while at work saw the deceased alive an_______19 ___, and that causes stated abave, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE ≥22c DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS Wachsler Stella NAME (Type) director, :heald 230 (BURIAL) CREMATION 23c MAME OF CEMETERY OR PREMATORY REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S STENATO



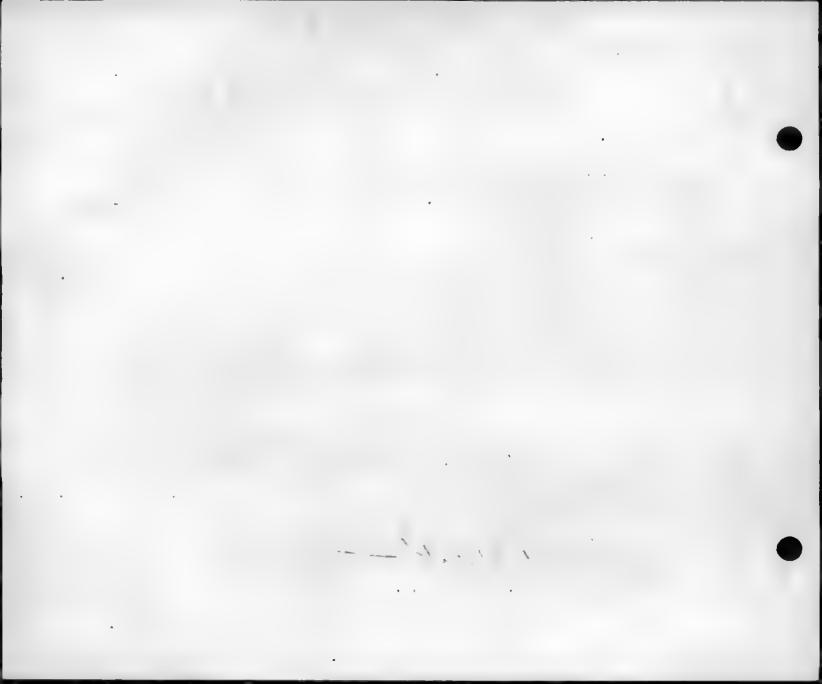
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	Item23 F	ilmG411	4/2/69	kk k		ATE OF DEAT		, MARYLAND 212	02	185
gegin.	DECEASED NAME (Type or print)	First		M ddle		Last		ATE OF DEATH	5, Doy 1969 Sear	2b. HOUR
9	3. SEX	IRVI	4. RACE	WINFIELD)	YEAKLE	F.			12:45AM
z nours arreg deam.	MALE		1	HITE		S. DATE OF BIRTH 2/11/96		6. AGE (In year last birthday)	YRS. IF UNDER 1 YEAR MONTHS OAYS	
	7a BIRTHPLACE (State a	r foreign .	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIED [NEVER MARRIED	9. COUN	ITY OF DEATH		
	MARY LAN	D	U.	S.A.	WIDOWED (BALTIMOR	E	Md
	10 CITY OR TOWN OF D		11 N g ve	AME OF HOSPITAL OR IN street address) TERANS ADM		ldican		PATION (Kind of work a arking ife, even if reti		OF BUSINESS OR
1/2	FORT HOW.				IIN. HO		CITY LIMITS?	I3e. STREET AND NUMBI		
	adm ssian) STATE MARY LAN	D	VASHIN		HAGER	vere -	NO 🗆	108 RANDO		E
	14 FATHER'S NAME	First	Middle	Last	15	MOTHER'S MAIDEN NA	ME First	Midd	tle	Lost
		ICTOR	D.	YEAR			ANNIE			DEAL
	16a, WAS DECEASED EVE Yes, na, ar unknown)	(d yes give war	D FOR (ES? r or dates of service)	166 SOCIAL SECURITY		NFORMANT		Addr		
	YES	Wh				INICAL REC	ORDS,	VAH, FT. H	OWARD, MD	X.MATE INTERVAL
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	stating the under	lying cause	DUE TO, OR .	AS A CONSEQUENCE OF						
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	TIRC					YE SK NO		CAUSES OF DEATH?		
	21a ACCIDENT W				21c. HC	W INJURY OCCURRED (Enter nature	of injury in Part 1 or Pi	ort 2, item 18)	
	OR CONTR BUTING OR CONTR BUTING (If either, notify m		er) P.M.	Manth Day Year	9					
ĺ	21d. INJURY OCCU While India Nat who	le	LACE OF INJURY	AT HOME, FARM, STREET FA OFFICE BUILDING, ETC	CTORY) 211. LO	CATION Street or R.F.D.	Na.	City or Town	County	State
			hospital) att	ended the deceas	ed from	JAN 13 . 1	19.69.1	0 FEB 25	. 19.69 , the	t (k) (we) last
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		ated above,	(we) (did)	(dadasa) view the	bady after a	eath.			00 0 177 5 0000	
	22b, SIGNATURB	2	. Ra. A	handow !	DEGR	ATTENDING T	MED	STAFF X	2/25/6	9
	22d PHYSIC AN S	MM 4		and the	DEGK	22e ADDRESS	DIRECTOR	PHA2 TX		
	The second secon	MADHAV	D. BAR	HANPURKAR,	M.D.	VAH. FT	HOWA	RD, MD.		
	230 BURIA, CREMATIO	, 23b. D	ATE /	23c NAME OF		CREMATORY	23d .	OCATION (City of Town)	(Caynty)	(State)
	R型设计全路重y)		1-12-11	GCedar 1			1_1, 1	exercen.	aryland	, Penna.
	24 FUNERAL DIRECTOR W.T.NORMEN	ጥ ውጥ Æ	MACERS	ADDRESS		250 REG	CD BY REGIST	a /a	Charles 9	udak
	W. I. RUKMEN	T KTA3	LAGE	TOWN PID	41/40	I DATE	BA A R	4 1969 %	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-



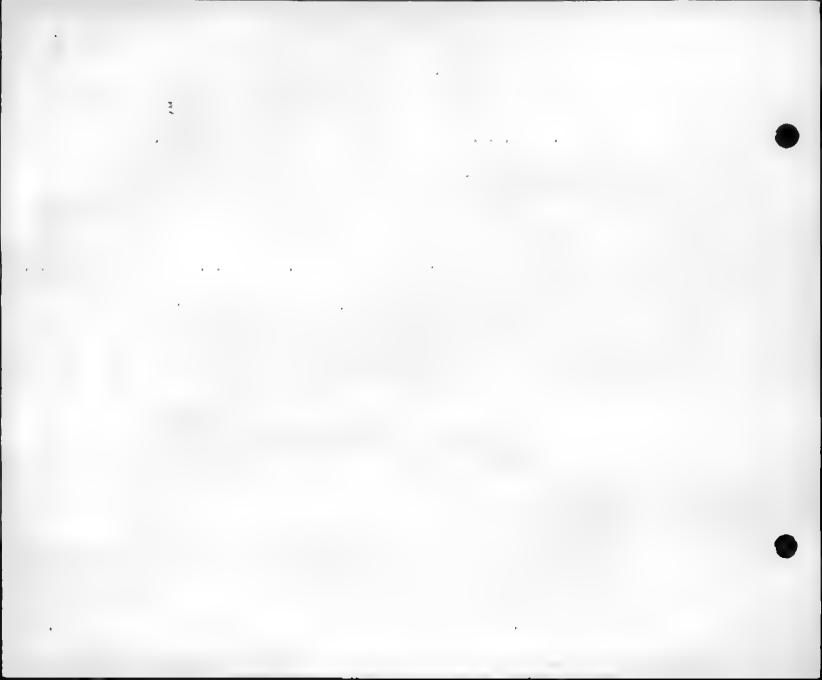
	TMENT OF HEALTH
1	\$2190 DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201
7	Item15 FilmGh09 2/24/69 kk CERTIFICATE OF DEATH 02186
ARME	1. DECEASED NAME First, Middle Lost 20. DATE OF DEATH 2b. HOUR
de d	(Type or print) FLIMEN S Wingling To Month Day Year
- 12 - 15 - 15	3. SEX / 4. RACE /S DATE OF BIRTH 6. AGE (In years IF UNDER 4 YEAR IF UNDER 24 HRS
haurs after in by the furs Poges I	M last b traday) RS MONTHS DAYS HOURS M.N.
Pyd Pyd our	70 BIRTHPLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH
Tin Pers	COUNTRY) BAITO, U.S.A. WIDOWED DIVORCED BAITINGS MA
filled pape	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in bosoited 120 L.S. AL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OP
A LOS	Randallstown gw Preet address Co. Gen. Hosp Salesman for Brass and Copper Co.
carbon ent, will	13d USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIGN CITY LAUTS) 13e STREET AND NUMBER
physician. signed by the ottending physician and completely filled is buried, cremation, or removal, and in any event, within 72 buried, cremation, or removal, and in any event, within 72	admission) STATE Md. 136. COUNTY BAITO, Rockdale YES NOX 8314 Liberty Rd.
E E E	14 FATHER'S NAME First Middle Lost 35 MOTHER'S MAIDEN NAME First Middle Lost
cion are be	HARRY YINGING DAILH Mary Bowen
ertificate b physicion ien pleose oval, and i	160 WAS DECEASED EVER IN L.S. AKMED FORCES? Yes, ng, gr unknown (1 yes give war or dates of service) 215-03-4-933
phyy en j	AOSP, Necord
he death ce ottending p permit. The	18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY Out of D 1 P A TO PLA
endi mit.	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PESPIRATORY FAIL 1) RE
oth peri	490 X DUE TO, OR AS A CONSEQUENCE OF
the the market	Candinons, it any, which gave (b) CHRONIC PULM ON ARD EMPHYSTERIA
tage and the	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ysic ysic ned ial-	last. (c)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. NIRECTOR: After this certificate has been signed by the ottending physicion e 3 shauld be detached for use as the burial-transit permit. Then pleased with the State Dept. of Health prior to burial, cremation, or removal, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding the rr to	
JAN: The law related or attending to the hose been so the Kealth prior to by	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? YES NO CAUSES OF DEATH? 20b 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
T T S S S T Y	YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 1715 TIME OF INDIRY 121r. HOW INDIRY OF INDIRY.
ol o for for Hec	
Sprit sprit sertification of the control of the con	Gif either, natify medical examiner) Or contributingcause of oeath
DING PHYSICIAL 1 by the hospital After this certifical 1 be detached for 5 State Dept. of H	While That while To receive suitable of Fice Bulloing, Etc.
er the	22a. I certify that (I) (this haspital) attended the deceased from FEB - 14, 1969, that (I) (we) last
Afr d b	saw the deceased glive on 100 and from the
Single State	causes stated above, (1) (we) (did) (did not) view the body after death.
OR ATTENI be retoined JIRECTOR: A e 3 shauld ed with the	226 SIGNATURE 22c DATE SIGNED STAFF 22c DATE SIGNED
bed de d	Taking (7. ACINCULA VIDEGREE PHYS DIRECTOR PHYS 2-14-69
Moy RAIL Police for the first	22d PHYSICIANS NAME (Type) FAUSTO GV. AGUINO TR BALTO: COLLATY GEN. HOSP.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law far Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	
one directions show	230 BUR AL (REMATION, BUR AL (REMATION, BUR AL (REMATION) (County) (State) Feb. 17. 69 Lorraine Park Cem. WindworMill Rd. Balto. Co. Md.
5 5	EUTIATED Feb. 17, 69 Lorraine Park Cem. WindworMill Rd. Balto. Co. Md. 24 FUNERAL DIRECTOR ADDRESS 250 RFC BY REGISTRAR SIGNATURE CO. Md.
VR A15 4	
(1/1)	Loring Byers 8728 Liberty Rd. 21133



		DIVE	ION OF VITAL R	ECORDS, 301 1	W. PRESTO	I STREET, BALT	IMORE, MARY	LAND 21201		0218	7
FOR STATE		09104	MEDIO	CAL EXAMI	NER'S CI	RTIFICATE	OF DEATH			OWIO	•
HEATTH DEPT	1 D	CEASED NAME	First	Middle		Lost	0. 0	20. DATE KNOWN] Menth [Day Yeor	26 HOUR
N.O.O. Y	(ype or Print) WILLI		P.		YOS	ST.	OF ESTI-	D-1	16, 69	5:30 _M
y is to a second	3 SI		S. DATE OF BI		b. AGE (In years	F UNDER 1 YEAR	IE UNDER 24 HRS	DEATH MATED 2c. DATE PRONOUNCE		10, 14,	
deloy		lale Whi		17-36	last hidhday)	MONTHS DAYS	HOURS MIN	Month Feb		Yenr CO	7d. HOUR
S SELE					32 YRS				. 10,	Year 1969	5:30 ₄
5 2 5		IRTHPLACE (Stote or foreign	76 CITIZEN OF WI			RRIED X NEVER MAI		UNTY OF DEATH			
es I form the D	¢oun	Ty) In G.		5 • A •		L		Baltimore			Md
deoth Poges I with forn		TY OR TOWN OF DEATH				(If not in hospital	120 USUAL (OCCUPATION (Kind of w	rork done 1	26 KIND OF BUS	NESS OR
ofter deoth 8. Give Poges olong with far with the State leath	Τι	rner Station	714°	[O OId Ba	ttle G	rove Road	during most	of working ife, even intenance	retired) 1N	Steel	
ofter do 8. Give olong w with the	13a	USUAL RESIDENCE (Where de	ceased lived, if instit				d INSIDE CTY LIM. 75?	13e. STREET AND NU	MBER	<u> </u>	
s often 18. Gi olong with death	DI	mission) STATE Maryl	and 13b COUNTY	Balto.		to.	YES NO	7410 OL	D Batt	le Grove	Rd.
	LA F	ATHER'S NAME First	Middle	è	Lost	IS MOTHER'S MAI	DEN NAME Firs		luidle	lost	
	17.	Willi		Yo		(5 MGHALK 3 MGA					
hin 24 notifin niner si pages 1 hours	14-	VAS DECEASED EVER IN U.S. ARI		16b. SOCIAL SECUI		7 INFORMANT	A T T.	ginia		sile	
			s give wor or dates of service)	- 100. SOCIAL SECUI	(IIY NO.	7 INFORMANT r · il	liam Y	ost, 700	7 70 L	a Stre	et
7.5 B- E-		18. CAUSE OF DEATH (Ente	r only one couse per	ine far (a), (b), on	d (c).)				- 11111 + +	APPROXIMATE BETWEEN ONSET	
"pending" in "pending" in iief Medical E insit permit. F event within		DADT I DEATH WAS CO	IUSED BY. ICDIATE CAUSE (o)		- (-)-1					BELLASEN CHUSEL	AND DEATH
e execute pending" of Medica sit permit		40 10 mm		R AS A CONSEQUEN	re ne						
be e "pen nief A		Conditions, if any, which go									
d b d ii d ii Tor		nse to immediate couse (0), ((0)	Carbon mo							
should be executed to ward "pending"." to the Chief Medical buriol-tronsit permit.		stating the underlying coulost	50 000 10, 01	K AS A CONSEQUEN	Lr Or						
± a . □ .=		-	(c)							1	
ate a th		PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED	to the terminal d	ISEASE OR CONDIT	ION G VEN IN PART I(0)	1		
vertificate writing to two reded sed as o to t	×										
This certificate slicate, writing the be forworded to d be used as o but or removal, and is	CERTIFICATION	190. DATE OF OPERATION		196 CONDITION 9 WAS PERFOR		RATION				20. AUTOPSY	?
This cate, cate, be for the unit of the un	TIFIC			YYAS PERFOR						YES 🗀	NO 🔀
		210 EXTERNAL CAUSE WAS	21b TIME OF	Ni URY Month, Do	, Yeor 2	ic HOW INJURY OC	CURRED (Enter not	ture of injury in Port	ar Part 2, Item	n 18)	
INER: The certification is should be files. 3 should be a should	MEDICAL	PRIMARY OR CONTRIBUTION CAUSE OF DEATH	1 2/ 1 16	M. Unk.	19	Asphyxiat	ed				
She as a state of the	ME	21d NJURY OCCURRED 1	He PLACE OF INJURY	(At home, farm, ste	eet, 2	If LOCATION Street	or R.F.D. No	City or Town		County	State
EXAMINER: cute the certi age 4 should r your files. :Page 3 shoul l, cremation,		AT WORK AT WORK	foctory, office buildin Gara			7410 O1d	Battle (Grove Rd.		Balto.	M.D
L EXA tecute Page for you R: Pag		22a. I certify tha							nquiry [].	and in m	
CAL E executor. Por Por Por CTOR: burial,		deoth resulted	-			Suicide 🛣 ,					4 oblision
bicase explication.		dediti lesuited 140f	Natural Cau	ises Acc	ideiii .				mormer [_	
direct direct DIRECT DOINE		ACTUAL /	. 191	1/2 1	1	The second second	F MEDICAL EXAMI		00: 0400 04	0.150	
y, pteroi dili		SIGNATURE V	M 11	(Rue)	-		STANT MEDICAL EX		22b. DATE SI	17/69	
DEPUTY DICAL EX CESSARY, please execut e funerol director. Pag may be retained for y FUNERAL DIRECTOR: P. solth prior to burial,		EXAMINER'S	7 37 37	. 11 1	F 379.)		UTY MEDICAL EXAM			17709	
necessary, if the funerol 5 moy be in Funeral Information Funeral Health prince			nald N. Ko				RESS(Street, city, 1	own, or county)			
5 = + 2 5 ±	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAM	E OF CEMETERY	OR CREMATORY	23	LOCATION (City or To	own) ((County) (St	tote)
		Burial.	/-19-ng	a uak	Law n	_ Cemete	rv	Paltimore	. l.d.		
^	74.	FUNERAL DIRECTOR			DDRESS		25o. REC'D BY R	EGISTRAR 2Sb. F	REGISTRAR'S SIG		
VR ATSME (5)			ern we.		more	ld.	DAFEB 1	9 1969	Al make	in Contra	ls.
(IV)	-		V. A. V. C. A.	7							



10	I	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201 CERTIFICATE OF DEATH
- 1/		CERTIFICATE OF DEATH 02188
# = 2#		ECEASED NAME First Middle Lost 20. DATE OF DEATH 12b HOUSE
dec one dec	Ľ	Robert E. Lee Joung February 24, 1969 1005 M
hours after death n by the funeral s. Pages 1 ond 2 hours after deoth	3. \$	Male White 9-21-1883 loss transfer DAYS HOURS MIN.
4 hour	70 cou	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1779) Carroll Co. U.S.A. WIDOWED Baltimore Made M
executed within 24 hours after death completely filled in by the funeral embuse-carbon papers. Pages 1 and 3 any event, within 72 hours after death	10 (Towson 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if refried.) 12b KND OF BUSINESS OR INDUSTRY 12c USUAL OCCUPATION (Kind of work done during most of working life, even if refried.) 12c USUAL OCCUPATION (Kind of work done life, even if refried.)
skion ord complete	13o odm	USLAL RESIDENCE (Where deceosed tyed, if institution Residence before ission) STATE Value of the solution of the state of
remony		FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
le be		Elisha S. Young Matilda A. /7 Day WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Edward Address 08956
physicion of nen pleose loval, and in	160	(es. no. or anknown) (11 yes give war or dates of service) 217-38-4282 Edward G. Young P.O. Box 67 Mickleton N.J.
that the death certifian. by the ottending phy tronsit permit. Then cremation, or remova		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: Approximate tidenal, Between onset and death
he death ottendir permit. ion, or re	ı	IMMEDIATE CAUSE (4) Acute recurrent myocardial intarction.
t the of the or sit pe	ı	Conditions, if ony, which gove Bronchopneumonia.
equires that the physician. signed by the buriol-tronsit buriol, cremati		rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
/sicio		lost. (t)
requires ng physici en signed en signed te buriol-to buriol.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law requires that the death certificate be r attending physician. e has been signed by the ottending physicion or use as the buriol-tronsit permit. Then please rulth prior to buriol, cremation, or removal, and in	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The bospital or at this certificate hastached for use Dept. of Health		216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, stem 18)
YSIC lospit certification of of	MEDICAL	(if either, notify medical examiner) P.M. 19 21d IN. RY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while 1
		While Not while of work OFFICE BUILDING, ETC.
by the Affer and State		22a. I certify that (4) (this hospital) attended the deceased from 1-27- , 19 69 , to 2-24- , 19 69 , that (4) (we) lost saw the deceased alive on 2-24- , 1969 , and that in (my) (our) applicant death occurred on the date and hour and from the
ATTENDING etoined by th CTOR: After t should be d		saw the deceased olive on 2-24- 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death.
SPITAL OR ATTEN 4 may be retained VERAL DIRECTOR: A for, page 3 should I'd be filed with the		22b. SIGNATURE Likus Afelicant M. D. DEGREE PHYS. D. DEGREE PHYS. D. DEGREE PHYS. D. STAFF REFEDENCE 25, 1969
AL O		22d. PHYSICIAN S 22e. ADDRESS
A mid be		NAME (Type) Christiana Feliciano, M.D. 7620 York Road, Towson, Md. 21204
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should Should be filed with the	230	BURIAL CREMATION, REMOVALISPREID 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Slote) Loudon Park Cemetery Baltimore Md.
VR AISTA	24 L	FUNERAL DIRECTOR ASSAHR FUNERAL Home 7401 Belair Road 21236 250. RECU BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE EB 2 8 1969



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers Pageshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in-day event, within 72 haurs

VR A15 1

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	Robert		Middle		Young		Peb.	DEATH Month	18Day	69Year	2b. HOUR
3 5	Male		4 RACE Wha	te		Sept.	26, 196		6 AGE (In year last-birthday	ors (i) MC	F UNDER 1 YEAR GNTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. (covi	BIRTHPLACE (Stote or niry) Balto.	foreign 7b.	CITIZEN OF WHA	1	WIDOWE		CED 🔲		timore			Md
Re	CITY OR TOWN OF DEA	un.	givest	we of Hospital or INS rept address) "Walgrov	e Roc	ul	during mg	l of working	(Kind at wark life, even if ret	hred }	126 KIND OF INDUSTRY	BUSINESS OR
			lived, if institution 13b. COUNTY	n: Residence before Balto.		or town sterstow	AKEZ NO WO		REET AND NUMI		Rd.	
14.	FATHER'S NAME Leona	First and	Middle	Young.			IDEN NAME FIR riet	st	Mig	ddie	Велта	Lost
	WAS DECEASED EVER Yes, ng.lor unknown)	IN U.S. ARMED (If yes give wor or		16b. SOCIAL SECURITY N None	0. 17	Informant In, Leon	ard You	ing 380		iress wn R		
	PART 1. DEATH Conditions, if any, vise to immediate stating the underly last.	WAS CAUSED B' IMMEDIATE which gave cause (a), (a)	CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE OF	nu -	nitis Red	per	ator	y .			MATE INTERVAL PASSI AND DEATH CLASS CLASS
1. CERTIFICATION	190 DATE OF OPERAT	ON 196. CON UNDERLYING	DITION FOR WHICE		FORMED	200. AUTOI YES HOW INJURY OCC	PSY?	20b. IF CAUSES	YES, WERE FINI S OF DEATH?			CERTIFYING
MED:CAL	OR CONTRIBUTING (If either, notify me 21d. INJURY OCCUR While Nat while at work of work 22a. I certify the sow the desired in the contribution of	PED 21e PU	haspital) atte	Month Day Yeor 19 AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC	d from.	LOCATION Stree	£19_	, to	or Town		County 9, that	State t (I)—(we) last and from the
	couses sto		(we) (did) (did not) view the 1	ody afte	er death. EGREE ATTENDIN PHYS. 22e ADDI	G ME		STAFF PHYS.		TE SIGNED	- 19
L	BURIAL CREMATION REMOVAL (Specify) FUNERAL DIRECTOR	Feb.	20,69	232. NAME OF COLORESS	ood (or CREMATORY	2So. REC'D BY	REGISTRAR	2Sb. REGI	ISTRAR'S SI	GNATURE	(State)
1	· · · · ·	e a 301	us new	sterstoun,	PICLO		DATEB	40 13	169 97	reny	Can Page	the dealers



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16	MZT:	14			CERTIF	ICATE OF	DEATH				0219	24)
	ECEASED-NAME Type or print)	First Willia	m	Middle Hen i	ry	Lost Zand	er, Jr		OF DEATH Month February	28.	1969	3 HOUR 3
3. \$	male		4. RACE white	9		S. DATE OF E	.1 19,	1911	6. AGE (In years lost birthday)	NF.	UNDER 1 YEAR NTHS DAYS	1F UNDER 24 HRS. HOURS MIN
7o.	BIRTHPLACE (Stote ntry)	or foreign 75	O. CITIZEN OF WI	AT COUNTRY?	8. MARRIE WIDOWE	D X NEVER MA		9. COUNTY		r No.		M
(city or town of Catons vi	le	/ give	ME OF HOSPITAL OR INS treet oddress) RING GROVE	STAT	E HOSP.	during m	ost of worki		ian	12b. KIND OF INDUSTRY	BUSINESS OR
odn	nission) STATE	Md.	Bb. COUNTY	on: Residence before		or town rimore	YES N		STREET AND NUMBER		Rd.	ed
14.	FATHER'S NAME Williar	First 1 H. Zan	Middle der, Sr	Lost		is. Mother's Mary		irst	Middi	6		Lost
	. WAS DECEASED EN Yes, no, or unknown	ER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N 212-07-11	- 0	Records	: SPRI	NG GRO	Addres VE STATE		PITAL	
	1B. CAUSE OF D PART I. DEA	TH WAS CAUSED B	one couse per lir Y: CAUSE (o)	e for (o), (b), and (c).	720	400	red	ent	Durk.	ai		MATE INTERVAL NSET AND DEATH
B	Conditions, if any		DUE TO, OR A	S A CONSEQUENCE OF	ool	cents	c . ca	ara	linam	Nie	cla	7
P	stating the under		DUE TO, OR A	S A CONSEQUENCE OF	3.5	Me	1001	201	my	10	and	ap
NC	121/2	ande	HONS CONTRIBU	TING TO DEATH BUT MO	RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION G	IVEN IN PART I(0)			
ERTIFICATION	190. DATE OF OPER	ATION 19b. COM		CH OPERATION WAS PER	RFORMED	2Do. AUT		CA15	IF YES, WERE FINDIN SES OF DEATH?	GS CONS	DERED IN CE	RTIFYING

HOUR A.M. (If either, notify medical examiner)

220. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from saw the deceased alive on \$\frac{1}{2}\$ (\$\frac{1}{2}\$).

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)

DEGREE

City or Town County

Oct. 26 , 19 67 , to Feb. and that in (my) (Wir) apinion death accurred on the date and haur and fram the (wackdtd) (didanat view the body ofter death 22c. DATE SIGNED 2-28-69

22d. PHYSICIAN'S NAME (Type) Rafael H. Marin, M.D.

STAFF PHYS. GROVE Baltimore, Maryland

230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3-3-69 Moreland

23d. LOCATION (City or Town) Balto., Md.

(County) (State)

Stote

FUNERAL DIRECTOR

21d. INJURY OCCURRED

While Not while

22b. SIGNATURE

saw the deceased alive on.

ADDRESS

250. REC'D BY REGISTRAR
DATE MAR 3

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the formeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pager, I and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after depth.

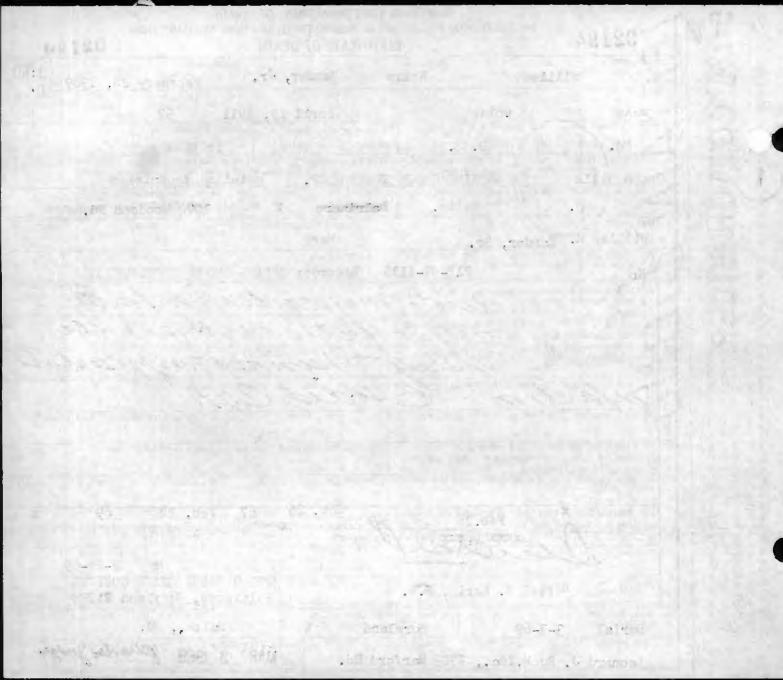
O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been

24 haurs after death

5305 Harford Rd. Leonard J. Ruck, Inc.,



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

	02195			CERTIF	ICATE OF DEA	TH	,	(2191	
	CEASED-NAME ype or print)	First MARY	Middle D •	Z	lost COELLER	2a.	DATE OF DEATH Month	O2 Day	03 Year69	2b. HOUR 3:20M
3. SE:	F.	4. RACE Can	ıcasian		S. DATE OF BIRTH December	15, 1	903 6. AGE (In y	eors Dy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER R4 HRS. HOURS MIN
10. C	New York ITY OR TOWN OF DEA ALTIMORE	TH.	S A 11. NAME OF HOSPITAL (CONTINUES) B	WIDOWE OR INSTITUTION (I	had in haspital 12a MED. CEN	BA USUAL OCCU Ing mast of v	NTY OF DEATH A TIMORE UPATION (Kind of working life, even if r Leslady	etired.)	12b. KIND OF I	Md BUSINESS OR
13o. admi:	usual RESIDENCE (William) STATE	yland 13b. C	institution: Residence be		OR TOWN 13d. INSID	NO X	13e. STREET AND NU. 8718 Val		Field :	Rd.
14. F		irst N ephen	iiddle Lo Wohll	e b	IS. MOTHER'S MAIDEN N	AME First		Aiddle	McPart	lost Land
	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMED FORCES (If yes give war ar dates at se	ervice)		INFORMANT	Keesl		ddress	# 13	E MATE INTERVAL
	Conditions, if any, we nise to immediate estating the underly last. PART 2. OTHER SIGN	ing cause DUE 1	(c) OR AS A CONSEQUENCE MYOCA O, OR AS A CONSEQUENCE ARTERI	e of OSCLER	INFARCTIO OTIC CARD TO THE TERMINAL DISEAS	IOVAS			3 D	AYS YEARS
CERTIFICATION	NON-F 19a. DATE OF OPERATE NONE		NG LEFT K FOR WHICH OPERATION W		AORTIC A	NEURY	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CO	ONSIDERED IN CE	RTIFYING
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med 21d. INJURY OCCURS While Not while at work at work	cause of Death dicol examiner) RED 21e. PLACE OF	TIME OF INJURY R A.M. Month Day P.M. NJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	Year 19	HOW INJURY OCCURRED LOCATION Street or R.F.	`	City or Town	r Port 2, I	County	State
) (did) (did not) view	the body ofte	1/31 and that in (my) (au er death.	r) apinion	todeath occurred or	, 19_ n the do	te and hour	(I) (we) los and from the
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	DR.M.SI	C Sheps,	and o	GREE ATTENDING PHYS.	O IIICCI O	R STAFF C	2	/3/69 TO.MD	21204
23a.	BURIAL, CREMATION, BEMOVAL (Specify)	23b. DATE 2-6-69		e of CEMETERY	OR CREMATORY	23d.	LOCATION (City or To		(County)	(State) Jersey
	FUNERAL DIRECTOR Cook-Br	ooks Town	son, Inc.		rk Rd. 250. B	FEB REGI	3RAR 1969 25b. RF	DARY.	STORT IN	y.

VR A15 (4) 30M REV: 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pepers. Physhould be filled with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.

ours after death.

